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ORIGINAL COMMUNICATIONS.

CLINICAL ILLUSTRATIONS OF DISEASES OF THE NERVOUS SYSTEM.

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NO. II. SOFTENING OF THE NERVOUS CENTRES.

In a former communication,[1] I offered some general observations upon the subject of the Diseases of the Brain and Spinal Cord, and I illustrated my remarks with the detail of some cases, taken promiscuously from my notes, to shew the great difficulties which attend our investigations in this part of pathology. In the present paper, I intend to illustrate the subject of Softening of the Nervous Centres; and I regret to observe, that the obscurity which hangs over the affections of the cerebro-spinal axis generally, is more particularly noticeable in that peculiar form of disease, which the following cases and observations are intended to bring into view.

Case I. Softening of the Brain—Cerebral Congestion—Apoplectic Cell. M. T., ætat. 54, formerly a shoe-maker, of dissolute habits, but of rather cultivated mind, was seized on the 2nd of July, 1845, while an inmate of the Islington Workhouse, with a paralytic attack. For this complaint he was bled to ʒxxx, and took purgative medicines; and by these, and other usual means, he partially recovered, but his intellect became almost obliterated, he passed his urine unconsciously, and became in consequence so offensive, that he was placed in a ward by himself. He remained bed-ridden from the above date until the morning of May 23, 1846, when he was again seized with an attack resembling apoplexy; the pulse was 180, full and strong, and he had stertorous breathing. There was paralysis of the left side. He was bled to ʒxvj; and, during the bleeding, the stertorous breathing ceased, and did not subsequently return. At noon on the same day, he was still insensible; his pupils were fixed in a state between contraction

[1] London Journal of Medicine, May 1850, p. 448.

and dilatation; pulse 160, rather feeble; bowels confined; urine passed involuntarily. To take saline purgatives.

May 24. Bowels still confined; tongue not examined, as he was unable to protrude it. To have two drops of croton oil immediately. He died on the 25th of May.

Post-mortem Examination forty-two hours after death. The body was covered with a rather thick layer of adipose tissue, and a considerable quantity of fat was found in most of the parts where it usually occurs. The skin was discoloured at the inferior part of the back, and a large bed-sore existed in that situation. The penis and scrotum exhibited an appearance of incipient gangrene.

Head. There was very little congestion about the scalp. The vessels of the dura mater were turgid with blood. The arachnoid membrane was slightly thickened and opaque; a large quantity of serous fluid, tinged with blood, was found beneath it, and flowed copiously both from beneath the membranes of the brain, and from the theca vertebralis. A large quantity of fluid was also found in the lateral ventricles, and in the third ventricle. The vessels of the brain itself were not congested; and the brain presented a tolerably healthy appearance, except in the parts about to be described. At the posterior part of the corpus callosum, immediately above the tubercula quadrigemina, there was a considerable amount of softening, the cerebral substance in that situation being of the consistence of thick cream, but of a white colour. In the anterior part of the right corpus striatum, there was a cavity of about the size of a hazel-nut, lined with a smooth membrane. On the left corpus striatum, there was a large, but not deep, excavation, of about the size of a half-crown, presenting a ragged appearance, and of a dark brown colour. The texture of this ulcerated portion was much softer than that of the surrounding tissue, from which it was not separated by any distinct line of demarcation.

Thorax and Abdomen. The viscera of these cavities were most carefully examined, but they exhibited no marks of disease; the kidneys especially were remarkably healthy.

Remarks. This was a case of chronic disease in a middle-aged person, confined altogether to the brain, and producing palsy, mental imbecility, involuntary discharge of urine, apoplectic seizures, and eventually death. The primary disease was probably a hyperæmic condition of the vessels of the brain; and that there had been a distinct effusion of blood at one time, was proved by the existence, *in the right corpus striatum*, of a true apoplectic cell. The palsy, it will be seen, was in the left side. After this first attack, it would appear that, while the hyperæmic condition of the cerebral vessels remained, the structure of the organ itself broke down, and its functions became gradually extinguished, and that life was destroyed by an attack of congestion of the membranes. This is a peculiarly fatal form of disease, when the congested state of the vessels of the brain is associated with a softening of its structure, and no treatment is likely to be of much avail; yet I cannot but maintain, that as the pulse was *full* and *strong*, and the breathing stertorous, the abstraction of blood was perfectly justifiable, as the symptoms positively indicated cerebral congestion, while the softening could be, during life, only a matter of conjecture.

Case II. Softening of the Brain—Pneumonia—Disease of the Mitral Valve. On the evening of November 16, 1841, I was sent for to attend Sarah T., ætat. 52, a tall, pale, sallow-looking woman, in the Islington Infirmary. When I arrived, I was informed that she had had a fit, and had been insensible about a quarter of an hour. When I saw her, however, she was in full possession of her mental faculties; but she spoke very indistinctly, in consequence of an accident she had met with several years before, and by which she lost, by exfoliation, large portions of the left upper jaw-bone and of the nasal bones. Her mouth, in consequence of the same accident, was habitually distorted. She had not been inclined to sleep previously to the attack, but, on the contrary, had suffered from the want of sleep. *She complained of total inability to move the left arm;* and when it was lifted by another person, as soon as the hold was relaxed, it fell down like an inanimate mass; but when the skin of the hand or arm of this side was pinched, *she immediately complained of the pain.* She was able to move the left leg as well as the right, and both legs seemed endowed with the usual amount of motory and sensitive power. The pupils presented no unnatural appearance, but were of the usual size and shape; she complained of great pain in the abdomen, with flatus and a disagreeable taste in the mouth; tongue moist; not much thirst; pulse rapid and irregular; bowels rather confined. The action of the heart was very irregular; a loud blowing murmur, heard chiefly at the apex, accompanied the first sound; there was no murmur in the neck. ℞ Magnesiæ carbonatis gr. v; essentiæ menthæ piperitæ m. v; magnesiæ sulphatis ʒss; infusi sennæ ʒj. Fiat haustus quartâ quâque horâ sumendus.

Nov. 17. I examined her again very carefully this morning, in order to form, if possible, a correct diagnosis; but although the paralysis of the left arm gave me reason to suppose that some disease of the brain existed, the other symptoms were too vague and unsatisfactory to point out the precise nature of the cerebral lesion. The pupils were of their natural appearance; she had passed a sleepless night; *she was in full possession of her mental powers.* The left arm was still perfectly sensible, though it had entirely lost the power of motion; no paralysis existed in any other part. The patient complained of great pain in the abdomen and back, which she said was increased on pressure; but as this external sensibility was general over the whole body, it was considered to be neuralgic. She was directed to take, every four hours, a draught consisting of ten minims of tincture of opium, and one ounce of peppermint water.

Nov. 19. The symptoms are much the same, but she seems to be sinking; pulse very feeble, but the action of the heart remains strong, the murmur loud, and its movements irregular; tongue dry and furred; great thirst; head-ache, and occasional nocturnal delirium. She was ordered a glass of port wine daily, and the following draught to be taken every four hours: ℞ Spiritûs ammoniæ aromatici m. xx; spiritûs lavandulæ compositi m. x; aquæ menthæ piperitæ ʒj. M.

Nov. 20. On a physical examination of the chest, which I cursorily made, I detected a crepitant rhonchus at the lower and posterior part of the right lung. There was no cough, dyspnœa, or expectoration; but the presence of pneumonia was clearly indicated by the physical

signs, and by them alone. The state of the pulse precluded the possibility of abstracting blood; and in consequence of the general depression of the vital powers, I considered it inexpedient to discontinue the administration of the wine and the stimulant mixture. But I ordered her to take immediately three grains of calomel, and half a grain of opium.

On the two following days, the symptoms remained essentially the same; the crepitant rhonchus continued, but, as at first, without any cough, expectoration, pain, or any other rational symptom of pneumonia, adding another instance to many observed and recorded, in which the only evidence of this formidable disease is to be derived from the physical signs, and proving the necessity, in all cases, of examining the condition of the lungs and heart, whether those organs *appear* to be affected or not. The calomel and opium were repeated, together with the other treatment above-mentioned, but without any amelioration of the symptoms. She gradually sank until November 23, when she expired, *having been in the full possession of her mental faculties for many hours before her death*, complaining of excessive tenderness of the abdomen and back, but never referring her complaint either to the head or the chest, which were the real seats of disease, and which were so considered by me during life, although the violent pain complained of in other parts was calculated to mislead.

Post-mortem Examination. *Head.* The skull-cap, skull, and dura mater presented no remarkable appearance. The vessels of the arachnoid membrane were very minutely injected; the membrane itself presented an opalescent appearance, owing to a quantity of thin, transparent serous fluid effused beneath it, which escaped in great abundance from the surface of the brain and spinal cord during the dissection. The substance of the *left* hemisphere was healthy, and of its natural consistence; the ventricle on the same side contained an unusual quantity of thin serous fluid. On examining the *right* hemisphere, a patch of softening was discovered in the anterior lobe, above the roof of the ventricle, and not extending to the surface of the brain; the softened part was two inches in length and one in breadth, and of a curved form; it had a dirty brown colour, and a ragged, ulcerated appearance. On inspecting the right ventricle, it was found that the corpus striatum of this side was softened, its surface presenting a ragged appearance, and being uncovered by the layer of membrane which lined the rest of the cavity. On tracing the diseased mass, it was found that the softening involved the whole of the right corpus striatum, and extended as far as the inferior surface of the brain. The whole of the softened part was of a pulpy consistence, and of a dirty ash-grey colour, the grey and white substances being apparently mixed up together in a confused mass.

Chest. The right lung was adherent to the parietes of the chest by strong bands: the left lung was not adherent. The heart, on a superficial view, appeared larger than usual. The right auricle and ventricle, the pulmonary artery, and the venæ cavæ, contained a large quantity of half-coagulated blood, together with large coagula of fibrine of a straw colour. The parietes of both ventricles were rather thick, and the columnæ carneæ, were increased in size. The tricuspid valve and the

semilunar valves of the aorta and pulmonary artery were healthy, but the mitral valve was diseased. The left auriculo-ventricular opening was very much contracted, so as scarcely to admit one finger, and the mitral valve was thickened and indurated so as to form a strong, narrow tube. The right lung was generally congested; and the posterior part of the inferior lobe was highly inflamed. The cut surface presented a dark red colour, and a large quantity of frothy fluid flowed from the incision. The substance, however, was not hepatized, but crepitated as usual, showing that pneumonia had not proceeded beyond the first stage.

Abdomen. The liver was congested; the kidneys somewhat enlarged; the intestines perfectly healthy.

Remarks. In this curious case, there was extensive softening of the brain, without any remarkable symptoms during life. It will be observed that the disease occupied the *right* hemisphere; while, during life, the *left* arm was powerless. Before my first visit to her, she had had a fit, but I had no means of knowing the exact nature of the attack. The mental faculties were unimpaired almost throughout; there were no convulsions; no rigidity; no pain in the head; no vomiting; and the only symptoms which were caused by the cerebral lesion, appear to have been immobility of the left arm, and *pain in the abdomen and back.* Of the treatment, of course, little can be said; for with such a complication of diseases,—softening of the brain, disease of the mitral valve, and inflammation of the lung,—no plan could have been attended with the slightest success.

Case iii. Softening of the Brain—Medullary Sarcoma in the Brain—Phthisis—Granular Disease of Kidney. Harriet D., æt. 48, married, an inmate of the Islington Workhouse, first came under treatment in April 1848. She stated that her husband struck her a very violent blow on the head about two years ago: this blow, according to her statement, was near the vertex; it stunned her, and the wound bled profusely. She had had several children, and had suffered for the last eight years with prolapsus of the uterus. She had lately fallen away much, and had several times spit up blood in large quantities.

The appearance of this woman's face was very peculiar, owing to the great prominence of the eyes, which were large and globular, and appeared to be starting out of their sockets; the pupils were dilated, and the eyes altogether had a dull appearance as in amaurosis; the sight was impaired, but not lost. She stated herself that this affection of the eyes came on soon after the blow just mentioned. She suffered from excruciating pain in the head, so that she was compelled to scream out; and her cries were so loud as to disturb the other patients. She had also great pain in the chest, and superficial tenderness beneath the clavicles: she suffered from continual cough, and expectorated thick, hard sputa, which were sometimes stringy, gluey, and frothy, and occasionally streaked with blood. Appetite very bad, and constant retching after every attempt to take food. Bowels irregular, sometimes very much open, at other times confined. Urine rather scanty, fetid, albuminous. Cavernous respiration beneath each clavicle: sonorous, sibilant, and mucous rhonchi in all parts of the lungs. Action of the heart normal, and without morbid sound. The hair was

ordered to be cut close, and rags dipped in vinegar to be applied to the head. A blister was ordered for the chest, and the following medicine was ordered: ℞ Antimonii potassio-tartratis gr. ij.; tincturæ hyoscyami ʒij.; liquoris ammoniæ acetatis, et misturæ camphoræ, āā ʒiij. M. Sumat cochlearia ij. magna quartis horis. ℞ Calomelanos, et pulveris ipecacuanhæ, āā gr. iij. Fiat pulvis ter in die sumendus.

Under this treatment, the symptoms were a little relieved; the pains in the head became less constant; the sickness and retching were at first increased, but afterwards gradually subsided; she began to sleep better, and the bowels became more regular. The appetite also improved, and the chest symptoms were relieved.

May 20. The calomel was now discontinued, and the blue pill was ordered to be taken twice a day, in doses of five grains.

May 22. An eruption of purpura broke out over the body. To discontinue the other medicines, and to take the following draught every four hours: ℞ Liquoris potassæ, et vini colchici, āā m. xx; aquæ menthæ piperitæ ʒj. M. She continued this mixture for several days, and appeared to be improving.

May 29. She was seen at ten o'clock in the morning of this day, when she did not seem so well. The nurse went to bring her some medicine which was ordered; but before she obtained it, the patient suddenly turned black in the face, and died.

Post-mortem Examination forty-eight hours after Death. *Head.* Scalp and skull of the usual appearance. When the calvarium was removed, the vessels of the dura mater appeared congested, and the veins of the brain, seen through the membranes, were turgid with blood. The arachnoid membrane was not thickened. On proceeding to remove the brain in the usual manner, by dividing the nerves and vessels from before backwards, I found that the optic nerves were small and atrophied, but not softened, at the line of my incision, which was between the commissure and the optic foramina. After dividing the tentorium, and cutting through the medulla oblongata, and then drawing out the cerebral mass, I found that I had left in the middle fossa of the skull, on the right side, a large portion of cerebriform substance, which I feared at first was a portion of brain accidentally detached, although I felt sure that I had been very careful in removing it entire. I soon discovered, however, that it was a large soft tumour, distinctly presenting the characters of medullary sarcoma. This diseased mass was of about the size of a small orange, and it weighed two ounces and a half; it was adherent to the falx cerebri and tentorium; its external portion rested upon the temporal bone: and superiorly it was covered in by the middle and posterior lobes of the brain. The cerebral substance around this morbid growth was softened, and it was excavated so as to allow the growth of the tumour; so that, on looking at the inferior surface of the hemisphere (the brain being placed on a dish, with its base upwards), it was seen to be excavated into a cup-shaped depression, and, at the bottom of this depression, there was a communication into the lateral ventricle; the floor of which was therefore partly formed by the adventitious substance, which had taken the place of the proper cerebral structure. The right lobe of the cerebellum was smaller than the left, owing to the presence of the tumour; and, from the same

cause, the right thalamus opticus and the right corpus striatum were very much diminished in size. On examining the base of the brain anteriorly, it was found that the olfactory nerves were softened; the commissure of the optic nerves themselves was so soft, that they could not be traced round the crura cerebri. The portion of the brain above the optic commissure was also softened. The other portions of the organ were apparently healthy. The tumour was subsequently more particularly examined. It had a soft doughy fluctuating feel; and, upon microscopical investigation, it presented the usual nucleated and caudate cells peculiar to this form of carcinoma.

Chest. On both sides, there were recent adhesions, and about half a pint of fluid was contained in each pleura. The right lung was voluminous, dark-coloured, crepitating in some parts, emphysematous on the anterior edge. The upper portion was solidified by tuberculous deposition: one cavity as large as a walnut, and several smaller ones, were found near the apex. The left lung was rather small, with a cavity at the apex as large as an egg The bronchial tubes of both lungs were intensely reddened, and filled with muco-purulent fluid. The heart was small and flabby; all the valves healthy.

Abdomen. The viscera of the abdomen were generally healthy. The left kidney was small and flabby. The proper coat peeled off easily, showing a dark, mottled, granular structure, the internal portion of the kidney exhibited abundant granular deposition. The right kidney was healthy.

Remarks. In this case, it was evident, during life, that there was serious organic disease of the brain, from the peculiar appearance of the eyes, the impaired condition of vision, and the long-continued and violent pain in the head. I was prepared to find some lesion of the cerebral structure about the origin of the optic nerves; but there was nothing whatever which could lead me to suppose, that there was so large a tumour of medullary sarcoma; and I think the case curious and interesting, and one of no common occurrence. The treatment, of course, could be only palliative, but it seemed to be attended with a certain amount of relief to the more urgent symptoms.

Case iv. Softening of the Brain—Hypertrophy of the Heart—Granular Disease of the Kidneys. J. R., æt. 62, an inmate of the Islington Workhouse, a married man, of middle size, but stout and with short neck; rather pale, but not presenting any œdematous appearance, said to have been of intemperate habits, was seen by me, April 22, 1850. His wife informed me that he had been out of health for some time; that he had complained of giddiness at various periods; she also said that he was unable or unwilling to speak; he was also observed to have an unmeaning smile upon his countenance. When I saw this man on the above date, he was brought to me by his wife, merely for the purpose of telling me that he and she were going out of the Islington Workhouse, and asking me whether I thought it would be safe for him to do so. He had a bewildered air, but was quite able to answer questions, which were put to him; but his appearance was dull and heavy. The head was rather hot, and he complained of great pain; the pupils were fixed between contraction and dilatation. Pulse 100, full and strong, tongue clean, bowels rather confined. There was

no paralysis, convulsion, nor spasm of any part of the body, although I made every inquiry of his wife concerning these points. My impression was, that he was on the point of having an apoplectic attack; and I therefore strongly urged his wife not to take him out of the workhouse, but to place him in the infirmary; but, in giving this advice, I had no means of knowing whether it would be followed. I recommended him to be bled to ʒxvj, which was done; and to take some saline purgative medicine, to be kept quiet, and his head to be kept cool; diet to be moderate.

April 23. Felt much better; head free from pain. He left the workhouse, against my advice, on the 29th of April. He was, however, brought in again on the 8th of May, as he had not improved since he went out.

May 9. He did not present any peculiar appearance, but his intellect seemed rather dull; he however answered questions quite rationally. He was not paralysed, and had no rigidity, nor convulsions in any part. *I was satisfied of this from my own observation; and although I frequently sought for and expected some of these symptoms, none made their appearance.* The head was quite cool and moist, tongue clean and tremulous. Pulse 80, weak, and occasionally intermittent. Bowels confined. Hair to be cut close, and a blister to be applied to the nape of the neck; some saline purgative medicine to be given. The urine was albuminous.

May 10. He tore off the blister, but it had risen previously. Pulse 80, feeble, but not intermittent. Tongue, when protruded, tremulous; bowels open. To have some saline medicine.

May 13. Had passed a restless night, frequently getting out of bed. A blister to be applied to each temple. To have some saline purgative in camphor mixture.

May 14. Rather more quiet; the blisters had risen.

May 15. Much in the same state.

May 17. 8 A.M. Was attacked with violent epistaxis of the left nostril, which was therefore plugged. He rapidly, and somewhat unexpectedly, sank, and died the next day, May 18.

POST-MORTEM EXAMINATION, SEVENTY-TWO HOURS AFTER DEATH. Body well formed, not emaciated; no œdema in any part.

Head. No particular appearance about the scalp and skull. Dura mater pale. The arachnoid membrane was generally pale; but there was some vascularity on the left side of the vertex. The surface of the brain was pale. The brain was removed entire; a small quantity of limpid fluid flowed from the theca vertebralis. The whole surface of the brain was carefully examined, and it was found that its arteries were generally diseased, their internal surface being lined with an atheromatous deposit, and the vessels generally having a feeling of hard, rigid tubes. The consistence of the surface of the brain was almost universally healthy, but at the inferior part of the middle lobe of the right hemisphere, there was a small opening which led into a jagged cavity of a very irregular shape, from which a small quantity of limpid fluid was poured out. This cavity, it may be mentioned, appeared to communicate with the lateral ventricle of the right side. The brain was now examined from above downwards, in order, if pos-

sible, to observe the exact relations of the cavity just described. The upper portion of the brain was removed on a level with the corpus callosum; here the substance was of the usual consistence, but, on examining the ventricles, it was found that the fornix, the optic thalami, the corpora striata, and the cerebral substance adjoining, were all in a softened state, and of about the consistence of clotted cream; but the colour was not changed even in the immediate vicinity of the jagged cavity. It was found impossible to trace the exact boundaries of the cavity above described, owing to the very soft condition of all the parts around it. A portion of the diseased cerebral mass was examined microscopically by Dr. Jenner, who discovered a great number of fat globules, and a diminished number of nerve-fibres. It should be mentioned, that there was no smell whatever from the brain, nor was there any disease of the bone in the vicinity of the softening.

Chest. The lungs presented no remarkable appearance. The heart appeared very large; and, upon examining the whole of its structure, it was found that the left ventricle was hypertrophied to a very great extent, the parietes being twice as thick as usual. The valves, however, were all healthy. The colour of the heart was quite natural, and its consistence quite firm.

Abdomen. The organs in the abdomen presented no remarkable appearance, with the exception of the kidneys. The *left kidney* was small, with a tuberculated appearance externally, owing to the presence of a number of cysts, containing a thick, yellowish, transparent, sizy matter. The investing membrane was removed readily, and the surface below presented a mottled appearance. The organ itself was very small; the cut surface was of a very dark colour, and was congested; and there seemed to be an atrophy of the cortical structure. The right kidney was not so much diseased as the left, but agreed generally with it in appearance.

Remarks. In this very obscure case, there was softening of the brain, hypertrophy of the heart, and granular degeneration of the kidneys. The softened state of the brain was probably due to the rigid condition of the cerebral vessels, which prevented the organ from receiving a due supply of blood. The symptoms of softening of the brain were not at all marked; and although there was extensive disease of the kidneys, there were none of the ordinary symptoms indicating granular disease during life. At first, I imagined that the symptoms indicated a threatening attack of apoplexy; and I treated the case accordingly; but I subsequently entirely abandoned that idea, and I attributed the malady to some organic disease of the brain. It is very probable, that there existed during life a hyperæmic condition of the brain, for the symptoms at first decidedly indicated such a state; and the paleness of the brain after death is of course attributable to the copious hæmorrhage which took place on the day previous to his decease, and which was probably an effort of nature to relieve the congested organ.

Case v. Softening of the Spinal Cord. Mr. J. T., æt. 59, a gentleman engaged in a considerable mercantile business, of strictly moral character, and perfectly sober and temperate in his habits, became

affected, about five years before my attendance upon him, with diminished power of voluntary motion in his lower extremities. At first he experienced only a slight difficulty in walking, but gradually this inability increased, and he was compelled to support himself upon a stick, and to lean upon another person. His movements were very irregular, owing to a want of control over the voluntary muscles; and at last he was obliged to leave off walking, and to confine himself to carriage exercise. He also suffered from occasional violent pains, shooting from his back to his abdomen, and sometimes from his feet upwards. He had consulted several medical men, among whom were some of the most eminent members of the profession; but he had not received any permanent relief from their advice. He had also resorted to homœopathy with as little success; and, by the recommendation of some of his medical attendants, he had repeatedly tried change of air, and had resided for some months in Jersey, with slight benefit.

I was first called in to attend him on the 6th of January, 1847, when I found his condition to be the following. He was sitting up, and, at the time of my visit, was free from pain or uneasiness; he however told me that he was unable to use his lower extremities, and could not walk up or down stairs without assistance. Although, however, he was deprived of voluntary motion, his legs were frequently convulsed by involuntary movements, over which he had no control whatever. He stated that he suffered very violent pains of a most excruciating character, coming on suddenly, and ceasing also suddenly. His digestive system was occasionally deranged, and he was subject to violent attacks of vomiting: but, in general, his appetite was very good, and he sat down with his family every day to dinner, of which he partook heartily: he also slept well, when free from the attacks of pain. His intellect was quite unaffected, and he never suffered from headache: his bowels were pretty regular: his urine was passed regularly, and was under the control of the will. He had the complete use of his upper extremities, and could write and feed himself with perfect ease. On examining the sensibility of the body, it was found that, below the last dorsal vertebra, pinching could be borne without any manifestation of pain, or indeed of sensation; but above that point, he was sensible of the impression. His tongue was quite clean: pulse 80, and moderate. The heart and lungs were examined by auscultation and percussion, but were found quite healthy: the liver, also, was of its usual size, and not tender upon pressure: all the other abdominal organs were quite sound. Among other remedial means which had been proposed, he had been recommended to apply a blister along the spine; but this had so aggravated the pain, that he was compelled to heal it up.

Under these circumstances, I became convinced that he was labouring under some organic disease of the spinal cord; and, as I believed it impossible to cure the malady, I adopted only a palliative treatment. I recommended him to ride out in an open carriage when the weather would allow, to use friction along the spine, and to have nutritious food, together with a moderate allowance of wine or weak brandy and water. I also recommended him to take, every morning, a pill, composed of two grains and a half of blue pill, and the same quantity of compound rhubarb pill.

Jan. 10. I was sent for in the morning to see the patient, as he was labouring under a paroxysm. I found him in bed crying aloud from pain, with his legs tossed about involuntarily and spasmodically: the pain in the abdomen was intense, but was relieved on pressure: he had also incessant vomiting: his tongue was clean, his pulse 80, and moderate. I ordered the following medicines: ℞ Acidi hydrocyanici diluti m. v; aquæ menthæ piperitæ ʒj. Fiat haustus urgente vomitu sumendus. ℞ Liquoris opii sedativi m. xx; aquæ menthæ piperitæ ʒj. Fiat haustus secundis vel tertiis horis sumendus, donec dolores cessaverint. By the adoption of this treatment, the vomiting was allayed and the pains were in some measure controlled; and, in about a week, the system became tranquillized, although the spasmodic pains still recurred at intervals.

When these paroxysmal symptoms had abated, I directed my attention to the general health, and recommended the sedative solution of opium to be given when the pains returned, and also pills to be taken at night, sometimes consisting of extract of hemlock, sometimes of extract of henbane. I also prescribed a pill to be taken an hour before dinner every day, consisting of two grains of disulphate of quinine and two of rhubarb; and although his bowels had been habitually costive for years, I yet found that by the use of this pill, which he continued for several months, they were kept moderately open, and his appetite was preserved, until within a few weeks of his decease. I would here observe, that an habitual use of purgative medicines appears to me to be the reverse of beneficial; for their continued administration tends to depress the system, thus weakening the peristaltic action of the intestines and continuing the morbid condition which they are given to correct: whereas, on the other hand, tonics, judiciously employed, invigorate the system, promote the processes of absorption, assimilation, and defæcation, and thus render the use of purgatives unnecessary. Such certainly was the case in the present instance; for this gentleman informed me that he was previously in the habit of taking strong purgative medicines every day for years; and although he frequently asked me to prescribe purgatives, I uniformly refused to do so, and the opposite plan, which I adopted, was attended with alleviation.

In about six weeks from this period, the patient, finding that the spinal symptoms were not removed, was induced to call in consultation with me, a gentleman who had devoted much of his time to the special study of spinal complaints, and who recommended the use of the prone couch, the occasional administration of croton oil, and the attention to the general health by the means already adopted. This plan was therefore followed for some months, with the exception of the use of the croton oil, the first doses of which caused such excessive disturbance of the system, that it was necessarily discontinued. In addition to this treatment, two issues were made with potassa fusa, one on each side of the lumbar vertebræ, which issues were kept open for upwards of two months, but without any benefit; indeed the patient sometimes imagined that they increased, or even originated, the violent spasmodic pains of which he still complained, and which shot from the back to the abdomen, and also proceeded from the lower extremities towards the trunk. I therefore allowed the issues to heal.

On the 11th of July, he was seized with erysipelas of the head and face, from which he recovered by the adoption of the usual remedies. After this attack, however, he became decidedly weaker; he was unable to leave his bed, although he still retained the use of his upper extremities, and the full possession of his intellectual faculties; his appetite also improved, but the spasmodic pains again become most violent and agonizing. Various narcotics were employed to allay these sufferings, but with only partial success. Battley's solution of opium, pills containing one grain of opium, and pills containing one-third of a grain of hydrochlorate of morphia were repeatedly given, and without producing either head-ache or costiveness, although he took sometimes as much as four grains of opium in one night.[1] Large bed-sores now appeared on the lumbar region and on both his hips, and he gradually sank from exhaustion, and died without pain on the 6th of October, 1847.

Post-mortem examination of the Spinal Cord, thirty-three hours after death; weather cold. The spinal canal was laid bare from the first cervical to about the third lumbar vertebra. The spinal cord, invested by its membranes, presented no unusual appearance, and was removed for farther examination. On opening the dura mater, and afterwards laying open the arachnoid coat and pia mater, a large part of the cord was found in a state of complete softening, the ramollissement being most remarkable from opposite the seventh cervical vertebra to the cauda equina, and presenting the appearance of a diffluent pulp, of about the consistence of thick cream. Between the seventh cervical vertebra and the foramen magnum, the cord was not so soft, and its consistence increased as it approached the brain.

Remarks. The symptoms, exhibited by this case during life, agree very completely with those described as characteristic of softening of the spinal cord. Dr. Abercrombie, in his "Pathology of the Brain and Nervous System", relates five cases of this affection, but none of his cases are exactly similar to that now described. It will be observed that the softening commenced at about the seventh cervical vertebra, and extended to the cauda equina; hence the spasmodic pains of the abdomen and the vomiting, also the convulsive movements, the loss of voluntary motion, and the anæsthesia of the lower extremities: while the greater consistence of the upper part of the cord explained the fact, that the power over the upper extremities was retained till a very late period.

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[1] The toleration of opium, under certain diseased conditions of the system, is quite extraordinary. In a case recently attended by myself, in consultation with my friend Dr. G. O. Rees, the patient, who was suffering from acute rheumatism, was ordered to take two grains of opium every four hours, and afterwards, one grain of hydrochlorate of morphia at intervals of six and eight hours; and although this system was followed, at intervals, for upwards of a fortnight, it did not produce the slightest ill effect. The patient was a young lady, and had never before taken opium.

INTESTINAL OBSTRUCTION GIVING RISE TO SYMPTOMS SIMULATING THE PAINS OF LABOUR.

By ALEXANDER KNOX, M.D., Physician to the Dispensary, Strangford, County Down, Ireland.

Early in the summer of 1847, an application was made to me to visit the sister of a small farmer, who was stated to be suffering from a "*stoppage*", and to be in great danger, as scammony, castor oil, jalap, croton oil, with other purgatives and aperient injections, had been administered without effect. I found the patient in bed, somewhat flushed and heated, but the symptoms of acute abdominal inflammation were absent. She was, however, suffering intense agony at intervals of a few minutes, accompanied by great expulsatory efforts of the abdominal muscles, very closely resembling the regular pains of labour. The history of the case, however, as well as the character of the patient, who was not married, led to the conclusion, that I had not an uterine affection of any description to deal with—an opinion which I confirmed by examination. The abdomen was not tympanitic, but enlarged, and presenting to the touch something of a feeling of solidity. Connecting this with the expulsatory efforts before-mentioned, I was led to form the opinion, that there was obstruction arising from some solid body impacted in the alimentary canal, causing a reflex excitement of the abdominal muscles, which were thereby strongly stimulated to get rid of the source of irritation. The presence of one of those enterolithes, or intestinal concretions, so well described by Good, and more recently by the younger Monro, whose descriptions are chiefly drawn from the observations and specimens collected by his father,[1] suggested itself. Having oiled my hand, I introduced it as far as possible into the anus, for the purpose of exploration, when I detected some firm bodies completely plugging up the rectum, and succeeded in removing a number of them, some entire, and others broken down by the fingers and the shank of an iron spoon, in the process of extraction. They were of a spheroid form, and each about the size of a small apple, and of a deep grass-green colour, and firm tenacious consistence. Having hooked out as much of the entire mass as I could with my fingers, to the great and immediate relief of the patient, I administered a large emollient injection with Read's syringe, which was then perfectly effectual in unloading the lower bowels, although it had produced no effect when previously employed. A course of enemata and gentle aperients left the patient, within a week, perfectly restored to health. I naturally felt curious to ascertain the composition of these green balls, to which I had never seen anything similar. I found them, by breaking one or two of them down on a clean towel, to consist entirely of green vegetable matter, firmly agglutinated with the natural mucous excretion of the intestines. When this connecting medium was removed by frequent ablution, the entire residue was found to consist of the fibres and minute fragments of a green vegetable substance, which, on farther

[1] Cyclop. Prac. Surgery, Part I.

examination and inquiry, I found to be that of the early cabbage, which had then come into season; and, as there were no potatoes at that time, had, together with bacon, constituted the principal part of the patient's food for several days previously. Not the slightest trace of bile was apparent in the entire mass; nor, in fact, was there anything which I could detect, besides the vegetable matter alluded to, and the mucus, which formed the cementing medium. Denman, under the appellation of *ball-stools*, describod bodies similar as to form and size, but totally differing in composition, and points out the necessity of removing them by raking, as they cause extraordinary action of the intestines, and pain, periodical in its returns, and violent in a degree. In the present case, as the strongest purgatives and repeated injections had failed to give to the peristaltic action of the bowels a sufficient stimulus for their expulsion, it is manifest that if mechanical relief had not been afforded, or had been too long delayed, a dangerous and perhaps fatal attack of inflammation must have followed. The ball-stool, according to Denman, if proper and timely means are not used, sometimes proves fatal, by bringing on a sphacelation of the parts.

Strangford, Ireland, August 1850.

CASE OF COMPLETE PARALYSIS OF THE MOTOR OCULI OF THE LEFT SIDE;

DEPENDENT UPON ANEURISM OF THE LEFT POSTERIOR COMMUNICATING ARTERY.

BY CHARLES J. HARE, M.D.Cantab.; Licentiate of the Royal College of Physicians, Assistant-Physician to University College Hospital.

Aneurisms of the cerebral arteries are of sufficiently rare occurrence to make a record of the symptoms to which they have given rise, and of the pathological appearances accompanying them, both desirable and interesting; and as, in the case which has recently fallen under my notice, the peculiar position of the Aneurism gave rise to some phenomena during life, and to some circumstances in the mode of death, which, together, tended to throw light on the diagnosis of the particular lesion present, I have thought that the following details might not be unacceptable.

Case. Rosa H., æt. 18, unmarried, first came under my care as an out-patient at University College Hospital, April 18, 1850. By occupation a milliner, working principally at a house of business, and consequently much confined in-doors; hours late, especially during the London season, when, often, she did not get home till from 9 to 11 o'clock at night: a skilful and industrious worker; of regular habits; had sufficient food and clothing. For some time past—about a couple of years—she had resided with her mother in their present lodgings, a front room, second floor, in an apparently healthy situation; the room is of moderate size, airy, not damp. Stature shortish; moderately stout; conformation good; complexion rather pale; hair dark brown; pupils

hazel; habitual state of mind said to be, both by herself and friends, very cheerful and hopeful, but her temper naturally hasty and passionate. Her cast of countenance, however, did not, when I saw her, indicate a cheerful disposition. Her father died of "decline" (had bad cough, etc.), after an illness of seven years: her mother, for two years before, had at times been under the care of a physician-accoucheur for some "internal" (probably uterine) disease. Had five sisters and one brother, none of them strong, though none absolutely ill; several of the sisters, one especially, are subject to headaches; two of them, whom I saw, were anæmic. Her mother had lost six other children, but none of them, so far as was known, from cerebral disease. The patient had usually enjoyed pretty good health, and had not been laid up with any disease or illness which she could remember, till the end of June 1848, when she was attacked with "brain fever." She stated that the attack commenced suddenly with pain over the whole head, very severe, so as to make her scream. From her mother's account, it appeared that she was not confined to bed during the first week of her illness, that is, while she remained at home. She was, however, excited in her manner; much excited by any little event in-doors, or by what was passing in the street; was violent, destroyed various articles, wasted much food, while, at the same time, she eat voraciously; she complained much of coldness of the feet and legs, and, to ease this sensation, attempted to, and actually did, pour some boiling water over them. After having been thus ill at home a week, a certificate, which I saw, and which stated "that she was not fit to be left where she could not properly be watched and attended to, as she required restraint for the present", was written by Mr. Collins, who attended her, in order to procure her admission into the St. Pancras' Infirmary. She was placed under restraint while in the Infirmary, and remained there altogether two months; but it was fully three months from the commencement of her illness before she was able to get about; and for several months she was not able to work. For some time after her admission into the Infirmary, it appears that she was delirious, and for nearly a month or quite that time she was unable to recognise individuals around her. Her head was shaved once, and a lotion was applied to it; she had two blisters to the back of the neck (kept open), but was neither bled, cupped, nor leeched; she did not remember that her gums were made sore. No cause for the attack is known. When she recovered, she worked at millinery, as already stated.

She had never been so well after this attack as before, though she had not since suffered from any serious illness, up to the time of the attack for which she sought advice at the hospital. As regards her disposition, she was naturally a proud girl, and in temper was hasty and passionate; her *temper* improved after her illness, (that is, she was less passionate), but she became more "spiteful" from any trifling cause, than previously. There was also this peculiarity—that she would sometimes play with children *as a child*, not as a girl of her years; so that her sister has remarked to her, "Well, I think you can't be right in your mind." Formerly she was never subject to headaches, but since her illness had been much troubled with them, especially across the forehead, sometimes at the vertex, less frequently about the occiput; the pain being heavy and very severe. These attacks became more and

more frequent, besides being more severe: at first she would be a fortnight free from them, but more recently, and especially within the six months before I saw her, they had been much more frequent, so that she had not been a day free from them. Occasionally she had vertigo; and she stated, that about a month or a little more, previously to my seeing her, on returning home from her work, about 11 P.M., (after a hard day's work at sewing), she would have fallen in consequence, had she not been with a young friend who supported her; she was, at the time, very pale. Since her illness also, when she was at home during the daytime, or when she returned home from her work in the evening, she often used to lie down, owing to headache. One of her sisters, who slept with her last summer, stated (without the question being put) that she then always preferred lying with her head *high*, and that she was a light sleeper, easily disturbed. Her mother however said, that of late, when she lay down during the daytime, she evidently preferred having the head rather low. She never had any fit, nor loss of consciousness, nor paralysis of any part, nor numbness or tingling in the arms or legs.

On Thursday, March 28th, she was at work, and felt as well as usual. On Friday, the 29th, she continued at work, and did not remark anything unusual till the evening, when she found that the sight of the left eye became dim, as if there were a mist before it; there was, however, no double vision, nor has there been any since. At the same time, the left upper eyelid became partially closed, but not entirely so; this was noticed at the time by her fellow work-people, and mentioned to her. I understood her to say also, that the eyelid became entirely closed at a later period of *that* evening, and continued so; but on this point I am not quite certain.

During the ensuing week she continued at her work, notwithstanding the complete ptosis of the left side, for which, however, she did nothing, with the exception of applying some lotion without benefit. On the Friday or Saturday following, (April 5th or 6th), she came to University College Hospital without a letter of recommendation, but saw the resident medical officer, Mr. Clover, who ordered her to apply three leeches to the left temple; they were not put on, however, till the Saturday evening, (April 6th), and only two of them took. Next day (Sunday) morning, the eyelid was *partially open*, but it again closed entirely in the evening, and *never opened again* up to the time when I saw her. On that Sunday she vomited two or three times, and afterwards also, (before I saw her); but no notice of the circumstance was taken, as she had previously been subject to sickness occasionally, when she had the headaches. Before her illness in 1848, and indeed when a child, she not unfrequently vomited, which was often ascribed to her eating much sweets, of which she was particularly fond.

On Saturday, April 13th, she again applied at University College Hospital, and was ordered a saline mixture, with two doses of pilula rhei cum hydrargyro, which were again repeated on the 25th. It was on Thursday, April 18th, that I first saw her, and finding the case to be an interesting one, and serious also in its nature, I asked her to come the following day, that I might take more accurate notes than I then could, when occupied in seeing the out-patients generally. The following notes therefore refer to her state on Friday, April 19th.

There was nothing unusual in her attitude, but she had the appearance of a person somewhat languid and fatigued; the expression of her countenance was rather heavy; her temper had not altered of late, but her spirits were decidedly worse than usual; her mother, however, afterwards told me that they even then still continued good. She slept very indifferently, the sleep being often interrupted by headache; and she said that she often did not get an hour's rest all night in consequence; she did not dream; was not so strong as formerly; suffered from much lassitude. Colour of skin generally pale; moderate amount of fat; no anasarca.

The eyebrows were equally arched, and of equal height. There was *complete* ptosis of the left upper eyelid; by no effort of the will could she open it in the least. When she voluntarily closed the right eye, the left eye appeared the more prominent, in consequence of slight œdema of the left upper eyelid. It was doubtful whether the left eye-*ball* were more prominent than the right. The left upper eyelid was a little redder —deeper flesh-coloured—than right. There was some epiphora of left eye; no redness of conjunctiva. When the left eyelid was raised, the eyeball was seen to be everted to the left side (outwards); so that when the right eye was directed exactly forwards, the axis of the left pointed outwards at an angle of 60°. She was unable to move the left eyeball in the least, either upwards, downwards, or inwards, but could turn it quite readily to the outer angle of the eye; it was therefore only when the right eye was moved to its inner angle, that the axes of the two eyes were in the same direction: by the greatest effort she could not direct the axis of the left eye forwards—it still looked outwards. By noting the position of any given mark on the iris, the following phenomena were observed. When she was told to look *downwards*, the right eyeball obeyed, of course, the will; the axis of the left eye, however, did not in the least alter its direction, but the eyeball was nevertheless *rotated* on its own axis, to the amount of about one-sixteenth of an inch, in such a direction that its outer part became more superior, and its superior more inward; its motion therefore being outwards, upwards, and inwards, (owing to the action of the superior oblique muscle). *No* motion however in the opposite direction took place, when she attempted to look upwards (owing to paralysis of the inferior oblique); but the left eye remained perfectly motionless, while the right one obeyed volition. The right iris acted well under the stimulus of light; the outer part of the iris was, however, observed to be *rather* broader than its inner part. The *left* iris did not act at all, either under the stimulus of light, or consentaneously with the motions of the other eye: the pupil was considerably dilated, but unequally so, the iris being considerably narrower at its upper and inner angle, than at the rest of the circumference, where its width was uniform, though considerably less than that of the right iris; the left pupil therefore was uniformly nearly two-thirds more in diameter than the right one, with the exception of that diameter from its upper and inner to its outer and lower angle, where it was nearly double that of the right pupil. She complained of having considerable pain in the left eyelid of an aching character, and sometimes of shooting pain in it.

I observed no derangement of intellect; she answered all my questions quite accurately, so far as could be judged. There was no paralysis of

any part, beyond what has been already stated, nor was there any derangement or perversion of any of the senses, except a rather considerable dimness of vision in the left eye, so that she saw objects very indistinctly when the right eye was closed. Her appetite was indifferent, and had been so for three weeks before. She had never been subject to any cough, even on taking cold; had a good and powerful voice for singing, and could sustain her notes for a considerable time. The catamenia were usually quite regular and sufficient; her mother subsequently told me, that when the leeches were applied on the 6th of April, the catamenia were present, but stopped rather suddenly afterwards. Four leeches were ordered to be applied to the left temple.

It would appear, from some erroneous statements which she made after she returned home on that day, that she must then have wandered somewhat in her mind, at least for a while; but otherwise, her manners did not seem different from usual, with the exception of her being rather impetuous while the leeches (of which three took) were being applied. Her mother stated, too, that she looked paler, and that her features appeared "drawn". The headache, of which she complained, continued, not being relieved by the leeches. Frequently after the ptosis took place, she had requested her mother, in order to relieve the headaches, to tie her head as tightly round as possible with a handkerchief, and sometimes she wished this to be done as often as three or four times a day. The last time her mother did this for her, was on the Thursday evening.

On the Friday night she did not take anything likely to disagree with her; she had no beer for supper. On the Saturday morning, she was up at 6 a. m., to make some breakfast for herself and her sister (who was going to her work), but she afterwards went to bed again. During the forenoon, she did not complain of anything unusual. About 1 o'clock, she was lying on the bed, and had been speaking to her mother within two or three minutes, when her mother, happening to look towards her, saw her head drop. Her face and neck became very red, and "*the left eye was as wide open as the other, and continued so*". Mr. Welch, surgeon, who lived near, was called to see her, and immediately attended; and he has assured me that the eye was quite open when he saw the patient,—thus confirming the statement of the mother. The attack was unaccompanied by any scream or struggling; there was only a slight twisting of the left hand and of the head; the lower limbs are said not to have moved at all. Her face then turned deathly, and she died within ten or fifteen minutes from the commencement of the attack.

Post-mortem Examination, April 23, seventy-five hours after Death. Weather moderately dry; average temperature of preceding three days 47°; but the body had been kept in a room in which the family partially lived, during that time.

Rigor mortis continued in all the limbs, upper and lower, perhaps slightly more, however, in the legs than in the arms. When I first saw the body, about two hours after death, the upper extremities were supple, but rigor mortis was very distinct in the legs—in both equally.

A well formed body, rather large chest for size of person: no emaciation: fat under integuments from half to five-eighths of an inch in thickness; color of skin pale; cutaneous veins not unusually marked;

some purple discoloration at posterior part of body; no apparent decomposition had commenced; no œdema; color of muscles darkish.

Neither eye was *completely* closed; one eyeball was not more prominent than the other; the left pupil was very slightly more dilated than the right one; neither of them was more dilated than natural.

Chest. The lungs were perfectly healthy; not a single tubercle was discovered; no unusual redness of bronchial mucous membrane. The heart was of apparently natural size and weight; the right side contained dark coagula; no disease of valves; no disease of the aorta, nor any atheromatous deposit in its coats.

Abdomen. Stomach natural in position, shape and size: it contained fully six or seven ounces of a thickish fluid, like gruel or arrowroot; its mucous membrane was of an ash grey colour and very much softened, but there were no ulcers. Intestines not opened throughout; where opened, they presented nothing anormal. Spleen of very dark colour; surface a little corrugated. Liver of natural size; general color dark purplish; on closer examination it presented tolerably well marked hepatic congestion. There were no traces of inflammation or other disease of the peritoneum.

Both kidneys were of a dark reddish purple colour throughout their whole substance; cortical and tubular portions equally so; no granular appearance; the capsule came off without tearing the substance. Uterus of usual size, and apparently of natural consistence. One ovary (I think both ovaries) contained two or three small cysts filled with a serous looking fluid. One of them contained a false corpus luteum.

Brain. The vessels of the dura mater were large; some dark fluid blood escaped from the torn vessels. The dura mater itself was very opaque, and its surface presented a somewhat opalescent appearance; the small vessels were minutely injected. No enlargement of the Pacchionian bodies. There was no opacity of the arachnoid covering the superior parts of the hemispheres. Both the small and large vessels of the pia mater were congested, as well over the anterior as over the posterior part of hemispheres. The general appearance of the brain, as seen *in situ*, was of a pinkish cream colour, owing to this congestion of the pia mater; but scattered over the surface of the hemispheres—more over the right than left, and more along their borders than elsewhere—were patches of a deep red colour, varying in size from a pea to that of a shilling, or still larger, and produced by a more considerable injection of the small vessels of the pia mater than existed over the surface generally. Over the convolutions situated in the longitudinal fissure between the hemispheres, these red patches were still more abundant and redder, than over the superior cranial aspect. There was very considerable congestion of the whole of the pia mater at the base of the brain, and there were also patches of redness similar to the above, but much larger; while, along the posterior half of each anterior lobe, the pia mater was of one uniform deep red colour.

At the base of the brain, *under* the arachnoid, there was a considerable clot of blood, most abundant from the commissure of the optic nerves, backwards over the pons Varolii, and on each side of the medulla oblongata; the clot also completely filled up the fourth ventricle, so as to separate the medulla from contact with the cerebellum by a distance

of half an inch; the clot in the fourth ventricle was of a dark purplish black colour, and of the consistence of jelly, and, from its position, must have caused considerable pressure on the respiratory tract. In each lateral ventricle, there was a little bloody serum, with a very small quantity of darkish coagulum in one of them; the septum between the lateral ventricles was broken down. The substance of the brain, and especially of the corpora striata and optic thalami, was somewhat softer than natural; but there was no clot in any part of the substance of the brain itself.

Near the anterior extremity of the left posterior communicating artery, and at a short distance from its junction with the carotid, that vessel (the posterior communicating artery) became suddenly dilated into an aneurismal and somewhat egg-shaped sac, about six-tenths of an inch in length, and four-tenths of an inch in its transverse diameter, its long axis being in the direction of the vessel. It was partially filled with dark-coloured softish coagula; air could be blown into it both from the basilar artery, and from the left carotid; at its cerebral aspect, there was a small fissure in it, from which the blood had probably escaped.

The right third nerve presented a perfectly natural appearance; but the *left* one, where it crossed under the posterior communicating artery, just at the point of aneurismal dilatation, had been so pressed upon by the aneurism as to have become almost completely atrophied, the remaining fibres of it being seen to be spread out upon and in a manner incorporated with the walls of the aneurism. Beyond this part, the nerve reassumed its natural appearance. The aneurism likewise pressed, by its right border and superior surface, upon the left optic nerve, a little posterior to the commissure.

Portions of the internal carotid and of the basilar arteries were examined under the microscope; both these vessels were free from fatty degeneration, and there was no atheromatous deposit in either; in one of them, two or three small scales of cholesterine were detected. The arachnoid covering was considerably thickened, and more opaque than natural.

Remarks. The most remarkable feature presented by the case, when I first examined the patient, was the complete paralysis of every part supplied by the left motor oculi, while the functions of the other nerves appeared altogether or almost altogether unimpaired. She had not the slightest power of raising the left eyelid; the paralysis of the superior, internal, and inferior recti of the same side was shown by the utter motionlessness of the eye when she endeavoured to move it upwards, inwards, or downwards; there was an entire absence of that rotation of the eye which is produced by the action of the inferior oblique; while the iris, being likewise supplied by filaments from the third nerve, was dilated and immoveable. On the other hand, the external rectus (supplied by the sixth nerve), and the superior oblique (by the fourth), continued to perform their duties; the action of the former, not being counteracted by that of the internal rectus, caused a permanent outward squinting of the eye, while the rotation described in the notes of the case showed the persistence of the functions of the latter. The functions of the fifth and seventh nerves appeared likewise to be unimpaired. Accom-

panying the paralysis of motion, however, there was a decided impairment of vision of the left eye, which might depend either upon the dilatation of the pupil, or upon some affection of the optic nerve, or partially upon each of these causes. The amount of dimness of sight was, however, such as to lead me to suppose that the optic nerve was, to a slight extent, probably involved by the same cause which gave rise to the paralysis of the third. With reference to the condition of her sight, it is worthy of remark that there was not, when I saw the patient, nor had there at any time been, even when the attack first came on, any double-sight—which is a symptom often accompanying paralysis of the motor oculi.

From a consideration of the symptoms which presented themselves, it appeared probable, that the lesion of the third nerve existed posteriorly to its point of division into two branches within the orbit; for had the cause existed within the orbit, one branch might have retained its functions while the other was implicated;—ptosis, for example, might have existed without paralysis of the internal or inferior rectus or dilatation of the pupil; while, if a tumour had existed there, so as to have pressed upon both branches of the nerve, it would, probably, likewise have caused some protrusion of the eyeball, or would have involved also the fourth or sixth nerve. Again, as, in the cavernous sinus, the motor oculi is in such close relationship with the fourth, the ophthalmic division of the fifth, and the sixth nerves, had the paralysis depended upon a growth, or other disease, within that part, it is very likely that in this case too, some one or other of the neighbouring nerves would also have been involved. On the whole, therefore, the probability was that the disease was situated between the cavernous sinus and the crura cerebri, or within the latter.

The history of the patient, in conjunction with her present attack, seemed clearly to point to a chronic cerebral affection of some standing. Two years previously, she had suffered from an attack termed at the time, "Brain-fever", and during which she certainly was so delirious as to require some restraint; since then, her health had been worse than before, a change in her disposition had taken place, and in her manners she was more childish than formerly. She had also been subject to gradually increasing headaches, from which, for six months before her death, she had scarcely been a day free; and vertigo was another of her symptoms. All these tended to make the prognosis, which, in complete paralysis of the third nerve, is generally unfavourable, peculiarly so in this case; but they were not sufficient to point out the exact nature of the lesion.

One of the most remarkable circumstances which occurred in the course of this case, was connected with the mode of death. From the time when the ptosis first came on, up to the period of the fatal apoplectic seizure, the paralysis had been constant, with the exception of the day after the first application of the leeches to the temple, when she was enabled partially to open the eye, though the symptoms soon after returned as before. Immediately, however, that the apoplectic stroke occurred, the left eye was observed to be quite open, and the squinting ceased; nor did Mr. Welch, who was immediately called in, and who remained with her till she died, observe any notable difference in the appearance of

the two eyes, so that the pupil must have regained its contractility at the same time. These circumstances, together with the previous history of the patient, the symptoms she presented, and the temporary relief afforded by the abstraction of blood, led me to conclude that the paralysis had most probably been caused by the pressure of an aneurism upon the third nerve, and that its rupture had simultaneously produced the apoplexy, and, by diminishing the bulk of the aneurismal tumour itself, had allowed the nerve to reassume its function. The post-mortem examination, in which I was kindly assisted by my friends Dr. Jenner and Mr. Welch, confirmed the opinion I had expressed; for we found an aneurism of the left posterior communicating artery, fully half an inch in length, very considerably compressing the motor oculi of that side, without apparently implicating any other part except by pressing slightly upon the optic nerve, just posteriorly to the commissure. In a case of paralysis of the third nerves, recorded by Mr. Brown in the *Dublin Quarterly Journal* for May, 1849, in which both pupils were dilated, though unequally so, they remained after death as fully dilated as during life. This, indeed, is the rule in such cases; but, in the present instance, the difference in the size of the two pupils, which before had been so great, was scarcely perceptible, owing to the cause of the paralysis having been removed just prior to the patient's death. Amongst the post-mortem examinations which I have made, or at which I have been present, the only instance of aneurism of the cerebral vessels which I have met with was in a man, aged 49, who died in University College Hospital under the care of the late Dr. A. T. Thomson, and who, previous to admission, had had a fit, accompanied by paralysis of the left side and dilatation of the right pupil. He survived a fortnight; and, after death, the anterior lobe was found much softened, there being also a slight effusion of blood into one part of it; the basilar artery was opaque, hardish from bony deposit, and distended with blood; there was an aneurism of the right middle cerebral artery, just where it lies in the fissure of Sylvius, about the size (or nearly so) of a nutmeg, with one or two smaller aneurisms of the same artery; the left middle cerebral artery also formed an aneurism, not globular like the other, but consisting rather of a general dilatation of the vessel (to the thickness of an ordinary quill), and extending from near its commencement to its great curve, that is, for about the length of an inch; from this some enlarged branches proceeded into the substance of the brain. The coats of the cerebral vessels were, in this case, very much diseased, and there was also ossific deposit in the arch of the aorta, and in other arteries; but in the case of Rosa H., not only were the aorta and larger vessels healthy, but there was neither any ossific nor atheromatous deposit in the cerebral arteries, nor did they show any traces of fatty degeneration, so that the formation of an aneurism was the more remarkable.

The post-mortem examination also fully accounted for the very rapidly fatal termination of the apoplectic attack; for the blood was so effused at the base of the brain, and the quantity in the fourth ventricle was so considerable, that it must necessarily have caused very great pressure upon the respiratory tract.

9, Langham Place, August, 1850.

BIBLIOGRAPHICAL RECORD.

Researches on Magnetism, Electricity, Heat, Light, and Chemical Attraction, by Karl, Baron von Reichenbach. Translated by W. Gregory, M.D., Professor of Chemistry in the University of Edinburgh. pp. 455. London: 1850.

It was well said by the late Rev. Sidney Smith, that one of the rarest sorts of understandings we meet with in this world, is an understanding fairly and impartially open to the reception of truth, coming in any shape and from any quarter. The minds of men are so hampered by prejudices, and so occupied by preconceived notions, that it is quite the exception for a new and startling discovery to meet with fair and impartial investigation. Doubtless, there are two causes which contribute materially to close the outlets of men's charity; namely the charlatanism which almost always becomes mixed up with things new and remarkable, and the credulity and love of the marvellous which causes that which is really true to be distorted and exaggerated, so as not to be recognisable, except at the cost of tedious and wearisome labour, and much stripping off of fictitious attire. The expression 'naked truth' is more forcible than is commonly supposed; for it is quite the exception to behold truth in all the beauty of her fair proportions—simple and unadorned.

The present publication is announced as the first volume of a work in which the whole of the observations made up to this time by Baron von Reichenbach on the subject of which it treats, are to be placed on record. It is divided into two parts. Of the first, an abstract was published in 1846 by Dr. Gregory, which attracted a good deal of attention at the time. The second part consists of several sections: in the first, the author enumerates by name upwards of fifty new sensitive persons, of whom thirty-five were healthy and vigorous, yet among whom are to be found all degrees of sensitiveness; in the second section, the author institutes a minute comparison of the new influence, to which he applies the term *odyle*, with the known influences or imponderables, heat, electricity, and magnetism, and points out the points of analogy to these, and the differences which distinguish it from them. The third section of the second part is a minute description of the various forms, characters, and properties of the light said to be given out by magnets, and which is visible in the dark to the sensitive. It is said that fully one-third of people in general are more or less sensitive; and Dr. Gregory adds, that so far as his observations extend, this statement is not exaggerated. The last section is an application of these most remarkable phenomena to the explanation of the Aurora Borealis.

The mode of investigation pursued by the author, has been the inductive; the conclusions being deduced from carefully observed phenomena, varied by experiments of different sorts; and Baron von Reichenbach would seem, (by Dr. Gregory's account,) to be well qualified to conduct such an investigation. He is certainly earnest and indefatigable in his inquiries, and zealous in the cause he has undertaken.

The first point stated is one which is simple enough, and within the power of any one to ascertain; but on its existence depends much of the chain of reasoning which follows. "If we make downward passes with strong magnets, having a supporting power of about ten pounds, along the persons of from fifteen to twenty individuals, but without touching them, we shall always find one or perhaps more among the number affected thereby in a peculiar manner;" the impression is rather unpleasant than agreeable, and is associated with a gentle feeling, sometimes of cold, at other times of warmth, and resembles a cool or tepid *aura* or current of air, with, occasionally, a dragging or pricking sensation.

The passes should be made from head to foot, and not too quickly; also, as near the surface as possible, and without contact with the dress.

This, we repeat, is in the power of all to ascertain, and when sensitive persons are found, some of the points next mooted can be put to the test. Baron V. Reichenbach found two persons who possessed the sensitiveness in an eminent degree, Mdlle. Nowotny, a patient subject to catalepsy, headaches, and spasms; and Mdlle. Reichel, also subject to nervous attacks. There were other persons experimented on, but these two are especially mentioned, and the summary of the conclusions drawn from a great number of experiments is as follows: Those who are highly sensitive to this peculiar influence, are able to perceive luminous and flame-like appearances in the magnet; the pole — M gave the larger, the pole + M the smaller flame in the latitude of Vienna; according to the form and structure of the magnet, the flame divides at each pole into flames of iridescent colours; the positive and negative flames show no tendency to approach each other or to unite. The flame may be mechanically bent hither and thither like common light, it gives out flame which is red, acts on the plate of the daguerreotype, may be concentrated by a lens, but has no appreciable warmth; and there is a great resemblance in the flame and the light to the Aurora Borealis. We must say, that as the experiments seem to have been fair enough, and as a sufficient number of persons have taken part in them, (their names being mentioned), to be a guarantee to their honesty, we are neither disposed nor entitled to throw the book aside with premeditated incredulity as some seem to have done. It certainly deserves examination, and nothing in the first part of the volume appears to be incredible.

It would be improper to deny the possibility of the retina, when in a state of exalted sensibility, appreciating luminous appearances connected with magnetic currents; on a large scale we are already familiar with them in the Aurora Borealis; and that the retinæ of different individuals differ materially in their power of appreciation, is proved by the numerous persons who cannot distinguish particular colours: that such colours do exist is with them matter of faith, founded on the assertion of others. That the undulations of magnetic light are inconceivably more rapid than those of any of the ordinary luminous rays is probable enough, therefore they usually fail to produce an impression on the retina, but the reason that we do not see the calorific rays is the same; and yet undoubtedly some persons can perceive them. Consequently it appears to us, that we are not warranted in denying, that the magnetic light may be visible to some persons under particular circumstances.

The experiments of Faraday, on dia-magnetism, have shown that the human body is not devoid of certain influences; but Baron Reichenbach goes much further. "The adhesion of a living limb to a magnet, is a fact altogether unknown in the sciences of physics and physiology, and few persons have convinced themselves of it by actual ocular demonstration; it is therefore necessary to explain and illustrate it in some degree. When Mdlle. Nowotny, in the cataleptic state, lay without consciousness or motion, but without spasm, and when a horse shoe magnet, capable of supporting about 20 lbs, was approached to her hand, *the hand adhered so firmly to it*, that when the magnet was raised or moved sidewards, backwards, or in any direction whatever, her hand stuck to it as if attached in the way in which a piece of iron would have been. She remained utterly unconscious all the time; but the attraction was so strong, that when the magnet was moved towards her feet, farther than her arm could reach, she did not let it go, but although insensible, raised herself in bed and followed the magnet with her hand as far as she could possibly do; so that the effect was the same as if some one had seized her hand, and by means of this, drawn, or bent the body forwards towards the feet. When the magnet was at length moved so far that her body could not be moved or bent further, so as to enable her to follow it, she was compelled to let it go, but remained then in the manner always observed

in cataleptics, fixed and immoveable in the position into which she had been brought." (p. 25.)

We have extracted the passage entire, as in a work of this kind, (which is as full of novelties as a horticultural exhibition at Chiswick,) it is dangerous to trust ourselves to an attempt at rendering the author's meaning. We confess to have drawn *rather* a long breath as Mdlle. Nowotny was drawn up in the bed, and nearly pulled out of it by the magnet; and it was a relief to us to find that the latter catastrophe did not take place. We shall abstain from ridicule, which would be unbecoming; but we must confess, that as page after page announced phenomena which had never entered our imaginations, we involuntarily exclaimed, with Dominie Sampson, PRO-DI-GI-OUS!

The description given of this phenomenon by the patient herself, is, that she was conscious of an irresistible attraction which she felt herself involuntarily compelled to follow, and was forced to obey. It was an agreeable sensation, combined with a soft cooling breeze or *aura*, flowing downwards from the magnet on the hand, which felt as if attracted to it, and drawn forwards by a thousand fine threads. The whole was a peculiar, indescribable feeling, which, when the magnet was not too powerful, had in it something infinitely refreshing and agreeable. The same phenomena were subsequently observed in Mdlle. Reichel and also in M. Sturmann, so that the author is convinced of the fact, that in certain diseases, especially where catalepsy is present, there exists a decided attraction between the human hand and a powerful magnet. But it seems that the mutual reciprocity between such patients and magnets does not close here, they become as it were, apostles of the *aura*, and are so thoroughly imbued with it, that, inconvenient though it must doubtless be at times, they can, by holding knitting needles in their hands, convert them into magnets capable of attracting and lifting other needles. We are bound to say that, though the patients themselves and their physicians have asserted the possession of this power, the Baron does not admit its existence as an established fact.

We now come to a passage which we quote with some interest, because the feelings there described are similar to those which have been felt by ourselves at the clairvoyant juggles and other impostures that have from time to time been brought forward in London; and we are bound to say that, the majority of persons of authority in such matters, have shared those feelings with us. "I have mentioned above, magnetized water, which the patient instantly distinguished from ordinary water, even when she knew nothing of what had been done. *Nothing could be more repulsive to me than the reappearance of a thing apparently so absurd, the mere mention of which fills all chemists and natural philosophers with disgust.* But in spite of this prejudice, I could not deny, or annihilate to my own mind by denying, that which I saw before my eyes as often as I tried it; namely, that Mdlle. Nowotny always accurately, decidedly, and without one failure, distinguished a magnetized glass of water from one not magnetized; we cannot contend against the force of facts by any argumentation. I was therefore obliged to admit the fact, though I was unable to comprehend it. But when the same fact presented itself at a subsequent period in the cases of Sturmann, Maix, Reichel, and others, nay, when I saw it in some of these in a still higher degree, I relinquished my doubt and my resistance to a phenomenon, the actual existence of which admitted no longer of any rational doubt. The strangeness of the phenomena was yet to reach the acme of incomprehensibility; when it appeared, namely, that not only the magnet, but a mere magnetized glass of water possessed the power of carrying with it the hand of Mdlle. Nowotny." (p. 31.) A person who opened the book at this page would probably feel some surprise at this statement, but such was not our case; we had ceased to be astonished several pages before reaching this point, much in the same manner that the audience of a conjuror gradually exhaust all their stock of wonder, sink into a pleasant state of apathy, and are quite prepared for any-

thing; or like the sailor, who was *blown up* by an accidental explosion during a theatrical performance, but who, when he recovered his scattered senses, did not betray the least discomposure, being perfectly satisfied that it was a legitimate part of the performance.

Baron Von Reichenbach observing this aqueous attraction, and feeling convinced that (what he rightly calls) so *strange* a phenomenon could not exist isolated in nature, submitted all sorts of minerals, drugs, and other objects to the action of the magnet, and found that all of them immediately acted on the patient, just as the magnetized water had done, but with various differences in their mode of action. Some caused general spasms through the whole body, others only in the arm, others only in the hand, and so on, until some produced hardly any effect at all; and on further investigation it appeared, that all the bodies which produced these spasms were *crystallised*, and that the active group comprehended all single detached crystals, and those where the crystals, which if in groups, had their principal axis parallel, or nearly so. It further appeared, that when a rock-crystal was drawn from the wrist over the palm of the hand to the point of the middle finger, a pleasant *cool* sensation was produced; if drawn in an opposite direction, a warmth was perceptible; and this was performed on various persons, who, without the possibility of collusion, agreed in their account of the facts.

A very curious feature in this book, is the zeal with which the author seems to have endeavoured to unravel many stories of ghosts and supernatural appearances, by referring them to causes simple and within the power of all to test. We, therefore, at the sacrifice of some space, subjoin the full account given by him, of what would certainly appear to be as fair a ghost story as Mrs. Radcliffe herself could have desired, although the explanation does away with the supernatural character of the phenomena. We may also mention that Mdlle. Reichel accompanied the Baron to a cemetery, and there perceived on the graves, a delicate, fiery, breathing flame. On many graves this light was about four feet high, and when she thrust her hand into it, it was as if putting the member into a dense fiery cloud. The Baron remarks, that all who are to a certain degree sensitive, will see the same phenomena in cemeteries, and especially in the crowded burial-grounds of large cities. If the premises be correct, opportunities will not be wanting to prove the fact in our metropolitan church-yards, for the reeking mass of corruption which emits its pestilential vapours from too many of these, ought, according to our author, to exhibit one burning fiery flame extending from one end to the other.

"A case which occurred in the garden of the blind poet Pfeffel, has been widely circulated by the press, and is well known. Pfeffel had engaged a young Protestant clergyman, of the name of Billing, as amanuensis. The blind poet, when he took a walk, held Billing by the arm, and was led by him. One day, as they were walking in the garden, which was at some distance from the town, Pfeffel observed, that as often as they passed over a certain spot, Billing's arm trembled, and the young man became uneasy. He made inquiry into the cause of this, and Billing at last unwillingly confessed, that as often as he passed over that spot, he was attacked by certain sensations, over which he had no control, and which he always experienced where human bodies lay buried. He added, that when he came to such places at night, he saw strange (*Scoticè*, uncanny) things. Pfeffel, with the view of curing the young man of his folly, as he supposed it to be, went that night with him to the garden. When they approached the place in the dark, Billing perceived a feeble light, and when nearer, he saw the delicate appearance of a fiery ghost-like form hovering in the air, over the spot. He described it as a female form, with one arm laid across the body, the other hanging down, hovering in an upright position, but without movement, the feet only a few hands' breadths above the soil. Pfeffel, as the young man would not follow him, went up alone to the spot, and struck at random all

round with his stick. He also ran it through the spectre, but it neither moved nor changed to Billing's eyes. It was as when we strike with a stick through a flame; the form always appeared again in the same shape. Many experiments were tried during several months; company was brought to the place, but no change occurred, and the ghost-seer adhered to his earnest assertions, and in consequence of them, to the suspicion that some one lay buried there. At last, Pfeffel had the place dug up. At a considerable depth, they came to a firm layer of white lime, about as long and as broad as a grave, tolerably thick, and on breaking through this, the bones of a human being were discovered. It was thus ascertained that some one had been buried there, and covered with a thick layer of lime, as is usually done in times of pestilence, earthquakes, and similar calamities. The bones were taken out, the grave filled up, the lime mixed up with earth and scattered abroad, and the surface levelled. When Billing was now again brought to the place, the appearance was no longer visible, and the nocturnal ghost had vanished for ever. It is hardly necessary to point out to the reader what I think of this story, which caused much discussion in Germany, because it came to us on the authority of the most trustworthy man alive, and received from theologians and psychologists a thousand frightful interpretations. To my eyes, it belonged entirely to the domain of chemistry, and admitted of a simple and clear scientific explanation. A human corpse is a rich field for chemical changes, for fermentation, putrefaction, gasification, and the play of all manner of affinities. A layer of dry quick-lime, compressed into a deep pit, adds its own powerful affinities to organic matters, and lays the foundation of a long and slow action of these affinities. Rain-water from above is added; the lime first falls to a mealy powder, and afterwards is converted, by the water which trickles down into it, into a tallow-like external mass, through which the external air penetrates but slowly. Such masses of lime have been found buried in old castles, where they had lain for centuries; and yet the lime has been so fresh, that it has been used for the mortar of new buildings. The carbonic acid of the air, indeed, penetrates the lime, but so slowly, that in such a place a chemical process occurs which may last for many years. The occurrence in Pfeffel's garden was therefore quite according to natural laws; and since we know that a continual emanation of the flames of the crystalline force accompanies such processes, the fiery appearance is thus explained. It must have continued until the affinities of the lime for carbonic acid, and for the remains of organic matter in the bones, were satisfied, and finally brought into equilibrium. Whenever, now, a person approached who was, to a certain degree, sensitive, but who might yet be, or appear, in perfect health, and when such a person came within the sphere of these physical influences, he must necessarily have felt them by day, like Mlle. Maix, and seen them by night, like Mlle. Reichel. Ignorance, fear, and superstition, would now give to the luminous appearance the form of a human spectre, and supply it with head, arms, and feet: just as we can fancy, when we will, any cloud in the sky to represent a man or a demon."

The question of identity of odyle with magnetism and electricity is treated of at some length, and the author arrives at the conclusion that there is no identity between them. "As", says he, "we shall never be able to dispense with either of the words, electricity, or magnetism, so we shall never be able to do without the word odyle, or some equivalent term, on the adoption of which men may agree."

A very long and very elaborate inquiry is entered into respecting the colours and qualities of the odylic light. It is quite impossible for us to consider these, (or half the subjects of the work), *in extenso;* but, so far as we understand the author, there are a multitude of minute peculiarities in which the odylic light and odylic phenomena differ from those of magnetism, and there are others in which there seems a great affinity between the two; not the least is, that the odylic nature of the positive magnetic north pole of the

earth, that of the east and that of the ground, have a general character of agreement, in which they stand directly opposed to the negative magnetic south pole of the earth, to the west and to the heavens.

Meteorites are supposed to be of planetary origin, small stars in fact, revolving in their paths round the sun. There is no difference, says the author, between a planet and a meteorite except in size, and the law which presided at the formation of meteorites and fixed their structure and composition, presided also at the formation of our globe. Meteorites, it is well known, are metallic masses, mostly iron with nickel, cobalt, &c., but the author points out, as an essential feature, that in the large majority of meteorites the abundant iron is not in the form of irregular, accidental, and scattered portions, but a coherent network of cells pervading their mass, that, in like manner, the earth has an internal constitution resembling the meteorite, and that, in all probability, it is in this iron, that the magnetism of the earth resides. The Baron possesses, perhaps, the finest collection of meteorites in the world, and therefore his practical remarks upon them are interesting. It is not for us to say how far this idea respecting Terrestrial Magnetism may be correct, but it certainly is ingenious, and must not be lost sight of.

The author enters at considerable length into the question of the nature of the Aurora Borealis, and arrives at the conclusion, that the polar light is to be regarded as a vast manifestation of magnetic odylic flame, odylic vapour, and odylic light. That it has relation to terrestrial magnetism is now generally admitted ; but whether the just explanation is that offered by Baron Reichenbach, or whether it depends on causes hitherto veiled from the knowledge of man, time, and further investigations will perhaps determine. However this may be, these observations may be considered as one link in that vast chain of inquiries which is coeval with the intelligence of man, and which, continually increasing in length, will terminate only with the existence of our race.

It has been reserved for Baron Von Reichenbach to explain that which has hitherto been supposed to rest on more poetic grounds. Poems have been written on the subject of A KISS, and its fascination described under every figure, and trope :—but we feel that we are rather trespassing on Mr. Dickens in at all alluding to the subject, for a *kiss* undoubtedly belongs to "Household Words". Be that as it may, we should not feel that we were discharging our duty towards our readers, did we not enlighten them as to the true nature and significance of that tenderest of all salutes. "The lips (says our author) are one of the foci of odyle, and the flames which our poets describe as belonging to them, do in fact play there. It may be asked, how can this be consistent with the fact that the mouth is negative? But, in fact, the two statements harmonise very well, for the kiss *gives* nothing, but rather *seeks* ; strives after an equilibrium which it does not attain. It is not a negative, but physically, as well as psychically, its state is one of negativity". (P. 193.) How far this explanation will be acceptable, or how far it is consistent with experience, are points which it would not be decorous for us *ex cathedrâ* to decide. Our readers must investigate the subject, and test the phenomena for themselves.

If we have been almost tempted to mirth occasionally, the author must pardon us : for we would fain give him every credit for a strong desire to arrive at the truth. The very nature of the inquiry, to say nothing of the elaborate character of the reasoning, has prevented us from entering into a more detailed account of the subject, which could not have been done satisfactorily in ten times the space which we have at our command ; but we are rather disposed to recommend the profession to read and reflect upon this work. That much which is stated is contrary to all accepted doctrines, is most true ; but the experiments themselves are easy, and sensitive persons would appear to abound. It would, therefore, be an act of justice to a

conscientious writer, and moreover advantageous to science, if impartial and competent persons would submit his observations and experiments to the test of repetition on a large scale. The chaff would thus be separated from the corn, and the truth vindicated. We conclude by thanking Dr. Gregory for the able manner in which he has laid Reichenbach's researches before the scientific men of this country.

On Diseases of Menstruation and Ovarian Inflammation, in connexion with Sterility, Pelvic Tumours, and Affections of the Womb, By Edward John Tilt, M.D., Physician to the Farringdon General Dispensary, etc. London, 1850 : pp. 250.

There are two modes by which medical science advances ; the one, by the discoveries of individual minds, which stand out in bold relief from the level of the age in which they are made ; the other, by gradual and progressive improvements, resulting from the workings of the general medical mind upon particular subjects. The first class of discoveries makes individuals famous, the second distinguishes a medical epoch, or distributes reputation to a large number of its contributors. If we were asked to name a particular instance of progress, to which many minds have contributed equally, or almost equally, we should point to the supremacy now asserted for the ovaries in the female economy, and the development of Ovarian Physiology or Ovariology. It is only by an extraordinary succession of interpretations, that the hieroglyphical signs presented by the ovaries have been deciphered. Had all indeed been the work of one man, we do not hesitate to say, that it would have constituted one of the greatest discoveries ever made in physiological science. We may slightly indicate the steps of this great advancement. Nearly two hundred years ago, De Graaf explored those vesicles which have received his name. Before this time, an extraordinary adumbration had surrounded the ovaries. Von Baer, in our own day and generation, detected the ovules in the vesicles of De Graaf. The physiology of menstruation or ovulation, dimly hinted at by Everard Home and Cruikshank, and exhibited theoretically by Dr. Power, has been made out by the researches of Dr. Robert Lee and by MM. Gendrin, Raciborski, Pouchet, Bischoff, Chereau, and many others of all countries. Dr. Tyler Smith has investigated the influence of the ovaries upon pregnancy and labour, and has gone far to prove that in ovarian excitement we have the true cause of labour. Following Von Baer, we have a host of eminent names, who have contributed largely to the history of the development of the ovules, before and after conception. Amongst these, honourable mention must be made of M. Purkinje, who discovered the germinal vesicle, of MM. Coste, Rudolph Wagner, Wharton Jones, Schwann, Henle, Martin Barry, and numerous other scientific investigators of the highest rank.

We have said enough to vindicate the importance of Ovariology, if that were necessary. But many talented and industrious men have engaged themselves in the digestion of the results of these labours, and in the applications of our knowledge of the ovaria, to the contingencies of actual practice. Of these works, that by Dr. Tilt, now before us, is the most recent, and the most complete. It is, in many respects, similar to the treatise on the same subject, published in 1844 by M. Chereau, a highly talented physician and physiologist of Paris.

Dr. Tilt first demonstrates that which needs but to be mentioned to be accepted ; namely, that what are called the disorders of menstruation, as amenorrhœa, dysmenorrhœa, menorrhagia, etc., are in reality only the symptoms of certain morbid conditions of the general system, or of the generative organs ; in this category, he also, very properly, includes hysteria, chlorosis, sterility, etc. There can be no doubt, that to consider these disorders, and to treat them as substantive pathologies, instead of as symptoms, is to work confusion, and to do no little mischief.

Our author next proceeds to expound his views relative to the frequency and importance of Ovarian Inflammation, as a disease *per se*, and of the influence of the ovaria, as a cause of amenorrhœa, dysmenorrhœa, menorrhagia, hysteria, sterility, chlorosis, and other disordered conditions of the female generative system. These are in fact the chief objects of Dr. Tilt's work. It is our duty to inquire—how far he is correct in his views ?

The section which relates to the Different Modes of Ovarian Inflammation, is of considerable importance. It enters pretty fully upon the subjects of abdominal examination, vaginal exploration, and the combination of abdominal and vaginal exploration ; the exploration per rectum, and the combination of the rectal and vaginal examinations. Dr. Tilt dwells particularly upon what he terms the "double touch", a method employed by Recamier, and which consists in the introduction of the index finger into the rectum, and the thumb into the vagina ; but this, in our opinion, is only valuable in cases in which the ovary is displaced, or in which the pelvis is encroached upon by ovarian enlargement. Many valuable observations are made by the author respecting ovarian exploration and diagnosis, a confessedly difficult subject, and one which deserves great attention from the obstetric practitioner. In this part of his work, Dr. Tilt has introduced a very graceful eulogium of his teacher and friend, the venerable Recamier, with all of which we can sympathize, though we may not quite agree with the writer. The following sentence strikes us, for instance, as rather wide and large. "All the modern improvements in the treatment of diseases of women originated with Recamier, for he invented the speculum. . . . To him also we are indebted for the treatment of ulceration of the neck of the womb by caustic." In reply to this we would observe, that the speculum is a very ancient instrument ; and that Harvey described long ago a case of ulceration of the womb, in which he employed the speculum, and treated with caustic ! But though we are not exactly indebted to Recamier for the speculum, we owe to him, at least indirectly, some of the modern excesses both of speculum and caustic.

We proceed to consider Dr. Tilt's description of Acute and Sub-acute Ovaritis. We cannot do better than quote the author's own words.

"By *sub-acute* inflammation, as distinguished from *acute*, we do not so much imply a difference in the intrinsic nature of the morbid phenomena, as a limitation of the inflammatory action to certain distinct parts of the ovaries, as the ovarian follicle, and to portions of the ovarian tissue so small, that they give rise to little swelling, and to no febrile action ; and here we may point out, as peculiar properties of the sexual system in women, the liability to inflammation of certain portions of the generative apparatus, in which the others may not participate—a peculiarity to which the ovary is still more liable, on account of its complex structure.

"Sub-acute ovaritis, whether primarily developed as such, or supervening on the acute inflammation of the ovaries, is necessarily a chronic disease, from the circumstance of the ovaries being subject to a periodical augmentation of nervous and sanguineous excitement. Chronic ovaritis is always sub-acute ; and as sub-acute inflammation of the ovaria is often present without being chronic, we have thought it best to adopt the appellation common to them both, instead of that generally made use of. Sub-acute ovaritis is by far the more common, and, therefore, we will first proceed to its investigation.

"It is evident, however, that in the determination of causes, in the symptoms, and in the treatment of these two diseases, we shall find a great similarity ; we shall also find that they may pass the one into the other, the sub-acute being exasperated into the acute, while acute ovaritis sometimes becomes sub-acute, or chronic, as it is then generally termed." (pp. 39-41.)

Dr. Tilt gives an interesting account of the Causes of Ovarian Inflammation, with which we cannot but entirely agree ; the chief are, excessive sexual intercourse, immoral practices, (which singularly enough, Dr Tilt calls "moral causes") suppressed menstruation, difficult parturition, inflammation

of the os and cervix uteri, gonorrhœa, etc. To these may be added, the application of caustics to the os and cervix uteri, and the frequent use of the speculum. We have seen several cases in which the use, or rather the abuse of the speculum, in leucorrhœal cases, had caused ovarian irritation and inflammation of a far more distressing character than the original disorder. Dr. Tilt adduces facts which bear out these remarks, and which are now almost universally assented to by the profession. He says, "We have heard of practitioners in this country, who submit their patients to speculum examinations daily—nay, twice a day! O tempora, O mores! With regard to caustics, it would be also useless to deny the evils produced by these when handled by imprudent or inexperienced men. Retention of menstruation has been produced by the cauterization of the external portion of the os uteri, adhesion not unfrequently having taken place between the external portion of the os uteri and the vagina, causing the close adaptation of the orifice of the os uteri to the sides of the vagina. It is then necessary to destroy the cicatrix, but that is the least part of the matter, the greatest difficulty in the treatment being to hinder the edges of the wound from again uniting, as in a case published by J. P. Frank. This has been shown by Dr. Bernutz, who, after alluding to the cause of retention here indicated, remarks, 'But these are not the only cicatrices produced by these cauterizations, of which so extensive a use is now made; the excretion of the menstrual flow from the neck of the womb is often rendered difficult, and sometimes impossible, by cicatrices (coarctations) situated at the inferior orifice of the os uteri, and even in the higher position of the canal.'—*Archives Gén. de Méd.* Feb. 1849." (Note, pp. 68-69.)

In some cases in which caustic agents have been used freely during pregnancy, the os uteri has been completely obliterated, and the uterus has been found hermetically sealed at the time of labour, so as to require operative measures.

We have carefully perused Dr. Tilt's chapter on the Symptoms of Sub-acute Ovaritis; and while we admit with him that ovarian disorder is more frequent and more important than is generally considered to be the case, we incline to the opinion that he has extended the term "inflammation", as we understand it, over too wide a surface. From the symptoms as described by Dr. Tilt, and from our own experience, we believe that many conditions which ordinary practitioners would not designate as inflammatory, whether acute or sub-acute, are included by Dr. Tilt in one general category. In fact, we entertain some objections to the term "Sub-acute Ovaritis" as not admitting of precise definition, and as quite capable of including states of the ovary, of perfectly different, or even opposite characters.

Our talented author speaks of the amenorrhœal, dysmenorrhœal, menorrhagic, and hysterical types of sub-acute Ovarian Inflammation. Now, in such a nomenclature, there is much that is striking and novel, but it is necessary to introduce certain qualifications. With reference to the amenorrhœal type", he observes, "When sub-acute ovaritis attacks the patient previous to or in the midst of the menstrual flow, it may be arrested or prevented, but an inflammatory tendency is thereby originated"; and again, "But if under the influence of the morbid stimulus, the ovaries draw to themselves the blood they usually cause to be propelled to the uterus, the disease may give rise to the local symptoms previously described, and may likewise be accompanied by chlorosis." Dr. Tilt, it will be seen, uses the word chlorosis as synonymous with amenorrhœa, which is not quite in accordance with our own opinions. Generally, chlorosis is a constitutional condition giving rise to amenorrhœa. It is only in rare cases, and very gradually, that amenorrhœa as a primary disorder, gives rise to confirmed chlorotic symptoms. Dr. Tilt very properly refers many cases of amenorrhœa to arrest of the development of the ovaries, but he also alludes to cases in which chlorosis, or amenorrhœa supervenes "in the midst of perfect health" in consequence of sudden suppression of menstruation accompanied by phe-

nomena which lead us to admit a high state of ovarian engorgement. Sub-acute ovaritis produces in these cases what an arrest of development produced in the first." With every respect for Dr. Tilt, it has seemed to us that in these cases, the suppression has been the cause of the congestion and inflammation, if such exist, and not the inflammation the cause of the suppression, as we should infer is Dr. Tilt's view from the first sentence on this subject. "When sub-acute ovaritis attacks the patient previous to, or in the midst of, the menstrual flow, it may be arrested, or prevented." The most common modes in which sudden suppression takes place is from cold, or mental emotion, but the suppression is too sudden to be referred to the intermediate production of sub-acute ovaritis. We incline to the opinion, that the suppression depends upon nervous rather than inflammatory conditions, and that the congestion of the generative system, which undoubtedly ensues in such cases, is produced by the suppression of the catamenial flow. When sub-acute ovaritis does cause amenorrhœa, it is, according to our experience, gradually produced, generally after the long persistence of dysmenorrhœa or even menorrhagia. Though on these points, we somewhat differ from Dr. Tilt, we nevertheless entertain a very high respect for his opinions.

In all that Dr. Tilt says relating to the dysmenorrhœal type of ovarian irritation or inflammation, we fully agree. We believe that the most frequent cause of this malady is to be found in the morbid states of the ovaria. In the main, too, we coincide with him in all that he says of ovarian menorrhagia, or excess of the catamenial secretion from excess of the ovarian stimulus. We also feel well assured, that much of hysteria depends, we would not say upon sub-acute ovaritis, but on the influence of Ovarian Irritation upon the emotions, and upon the ganglionic system.

In regard to the Treatment of Sub-acute Ovaritis, Dr. Tilt discusses *seriatim* the respective merits of local blood-letting, purgatives, injections, blisters, medicated unctions, bathing, etc. He also refers to the special treatment of what he terms the amenorrhœal, dysmenorrhœal, menorrhagic, and hysteric types of the malady under consideration. The observations respecting sterility deserve much attention; but, we think, they might have been extended with advantage. In conclusion, we strongly recommend Dr. Tilt's valuable treatise to the notice of the profession.

A Practical Treatise on Diseases affecting the Skin. By the late Anthony Todd Thomson, M.D., F.L.S., Professor of Materia Medica and Medical Jurisprudence in University College, and Physician to University College Hospital. Completed and Edited by Edmund A. Parkes, M.D., Professor of Clinical Medicine in University College, and Physician to University College Hospital: pp. 436, London: 1850.

The study and treatment of Cutaneous Diseases was one of Dr. A. T. Thomson's favourite pursuits; and he was engaged in the preparation of a treatise upon the subject for more than a year previous to his fatal illness. At the time of his death three hundred pages had been written and printed; and as it was necessary that the work should be completed, the task was undertaken by his nephew, Dr. Parkes, who most worthily occupies the post of Physician and Professor of Clinical Medicine in University College Hospital; and who, by his acquaintance with Dr. Thomson's opinions and methods of treatment in cutaneous diseases, was peculiarly well qualified for this duty.

Prefixed to the work is a memoir of Dr. A. T. Thomson, (written, as we understand, by his widow), which is a very interesting and instructive piece of biography. We conceive that the following sketch of Dr. Thomson's career will not be unacceptable to our readers.

Dr. Thomson was born in Edinburgh in 1778. His mother died when he was a year old, leaving him in such a feeble and precarious state of health, that he was consigned to the care of a female relative, who subsequently be-

came his step-mother. His father held a lucrative situation in the American post-office under the British government; but when the war broke out, he, in common with other American loyalists, resigned his situation, and returned to Great Britain, and lived in the vicinity of Edinburgh upon a small pension, with which he maintained and educated his family. Dr. Thomson received the rudiments of his education at the High School of Edinburgh; but the greatest part of his subsequent knowledge must have been attained by his own application. As his father's means would not allow him to educate young Anthony at the University, the ambition of the aspirant for medical honours was gratified in the following manner. He obtained, through the influence of his godfather, Anthony Todd, a clerkship in the Edinburgh post-office, which secured him a small salary, while it required but little mental application, and no great expenditure of time. By these means, he became a student of the University of Edinburgh; attended the lectures of Monro, Gregory, Black, and Dugald Stewart; and, not confining his thoughts to subjects purely medical, he joined the Speculative Society in 1798, where politics, literature, and metaphysics were discussed by Jeffery, Horner, Brougham, Lord Lansdowne, and others, who were destined to play a conspicuous part in the history of their country. Dr. Thomson left the University in his twenty-first year, and repaired to the great metropolis, where he commenced his professional career as a general practitioner. He established himself at Chelsea, where he remained twenty years; and, although his success was at first doubtful, he succeeded eventually in acquiring a very large and lucrative practice. During this period of his career, he honourably distinguished himself, not only by his zeal and assiduity towards his patients, but by his devotion to the science and literature of his profession, which at that time was too generally neglected. It was while engaged in the laborious duties of his profession, that he found time to compose some of those works which have gained for him an European reputation, viz., the *Conspectus Pharmacopœiæ*, which was published in 1810, and the *London Dispensatory*, which appeared in 1811. Public opinion has already affixed the stamp of its approbation upon these elaborate works; and those who have studied the immense mass of matter contained in the Dispensatory, will readily believe the statement of his biographer, that it was chiefly composed during hours snatched from necessary rest; and we are told that the author was in the habit of rising at five o'clock in the morning, to complete a portion of the work before the commencement of his professional duties. Ten editions of the Dispensatory have appeared; it has been translated into most of the Continental languages; it is used extensively in the great German universities; it has been circulated in America; and its utility has extended even to St. Petersburgh, from the Imperial Academy in which city Dr. Thomson received, in 1838, a diploma in acknowledgement of the great merits of the book. While he was writing these works, he was promoting the study of Botany, then very little understood or appreciated by the profession, by delivering lectures on the subject at Chelsea: and we are told that he was the first lecturer on botany, who ever addressed a medical class in this country. He also published some lectures on Botany, which obtained for him a considerable degree of reputation on the Continent, and gained him the acquaintance of De Candolle and Von Martius. Through his instrumentality, likewise, a Dispensary was established at Chelsea, of which he was appointed one of the medical attendants, and at which, we are told, he first became impressed with the great difficulties attending the diagnosis and treatment of the diseases of the skin, and resolved to pay especial attention to that department of medical practice.

In alluding to this most active and useful portion of Dr. Thomson's life, while he was in full and lucrative employment as a general practitioner—while he was writing those great works on which his fame is built—while he was lecturing on botany to a distinguished class of his professional brethren—while he was endeavouring to alleviate the sufferings of the afflicted poor—

we must not forget that he was also labouring, together with his friend Dr. George Mann Burrows, to elevate the rank of that class of the profession to which they both, at that period, belonged. He saw, what no enlightened man can fail to perceive, that the medical profession was in the most degraded condition in this country, and he sought to elevate it, not by the establishment of fictitious distinctions, but by the influence of education; and he had the gratification of witnessing the partial fulfilment of his wishes by the passing of the Apothecaries' Act of 1815, which measure, imperfect and faulty as it undoubtedly is, has effected a most important and a most beneficial change upon the practice of medicine in this country.

In the year 1826, he left Chelsea, and commenced practice as a Licentiate of the College of Physicians of London: but we believe that his emoluments, in this new career, were by no means equal to those which attended his exertions as a general practitioner. He was the first professor of Materia Medica in University College, then the University of London; was subsequently appointed Professor of Medical Jurisprudence in the same institution; and, upon the opening of the University College Hospital, he was appointed one of the physicians of that establishment. He was also appointed Professor of Botany at the Pharmaceutical Society, and he held this appointment, together with the others just enumerated, up to the time of his death. During the whole of this latter portion of his career, he was distinguished by his exemplary punctuality in the performance of his multifarious duties. For several winter sessions, he lectured to the class of materia medica at University College at eight o'clock in the morning; and, when he was upwards of seventy years of age, we have seen him perambulating the Botanical Gardens in the Regent's Park, at seven o'clock in the morning, and lecturing to his class with all the energy and enthusiasm of youth. To his habits of early rising, to his love of exercise, to his temperance, may be attributed the excellent health which he enjoyed for many years, although his constitution as a child was naturally delicate: but in the autumn of 1848, his health and spirits began to decline; and, in the beginning of 1849, he was seized with an attack of bronchitis, for which he tried change of air, with temporary benefit. Another attack of inflammation, however, supervened, and he died at Ealing on the third of July, 1849, in the seventy-second year of his age, in humble submission to the will of Providence. We are happy to quote the following passage from his biography, as it appears to us to represent precisely what the character of a physician *ought to be*.

"So calm, so blessed were the last hours of one, who may truly be called a Christian Physician. A few words more may, perhaps, be permitted upon a character so exemplary. It was strengthened and guided by a sincere belief in Divine Revelation. His researches and attainments had confirmed his faith. It was his greatest pleasure, to refer to *design* as exhibited in the great system of nature. It was this pervading sentiment which ever accompanied him into the business of life, and which gave such mental dignity, and maintained such integrity and purity of conduct. The fear of God was ever before his eyes. The principles of his life were truth, charity, reverence; and from these he departed as rarely as human frailty permitted. His nature was all nobleness and kindness; he could not retain a resentment, nor cherish a meanness. It was this high moral tone which made him so valuable a model for the young practitioner, and so invaluable a friend, as well as instructor, to his pupils. It was this which procured him their respect, and brought them, unbidden, mourning to his grave. It was this which made him the friend of his patients; it was this that bound his family to him, and which has left in their hearts a life-long sorrow for their loss. It was ever his opinion, that the study of medicine was one of the finest and most comprehensive of studies, and that it neither implies nor conduces to scepticism, but the reverse; and his life, his death, proved the sincerity of this conviction. When, a week before his death, an alarming paroxysm of suffering occurred, he summoned

to his bed-side his youngest son, a youth of seventeen. He solemnly addressed him thus: 'Above all, keep the purity of your mind and heart. Be religious; receive the sacrament frequently; let your conduct be pure; your conscience unstained': and he repeated earnestly, 'And recollect, without religious faith this cannot be!'"

We may conclude this brief sketch of Dr. Thomson's life by stating, that he was of a most liberal and charitable disposition, and that he was especially benevolent towards the younger members of the profession, more especially those who had composed his class. "His pupils," writes one of them, "looked up to him with nearly the affection of sons; and, on many occasions, the parting from his class, at the close of the session, resembled more the separation of a family, than the temporary suspension of a course of academical lectures."

Dr. Thomson's Treatise on the Diseases of the Skin is a very valuable contribution to our knowledge of this important, but difficult department of pathology. It is evidently the result of great and extensive practical experience, matured by sound theory and excellent judgment. To say that Dr. Thomson has cleared up all the difficulties which beset the subject, would be to assert that he alone has succeeded in an attempt in which every one else has failed; but it must be admitted that, by the clearness of his style, the simplicity of his classification, and the accuracy of his diagnostic characters, he has removed many of the obstacles which formerly existed. He follows, to a certain extent, in his classification, the system of Willan, making, however, such alterations as the increased knowledge of facts, and the advanced state of pathology have suggested to his mind.

In his First Chapter, he treats of the Exanthemata, under which head he includes not only scarlatina and rubeola, but also variola, varicella, and vaccinia, together with frambœsia, and the petechial eruptions observed in typhus and typhoid fevers. All these are considered to be *febrile contagious diseases, non-recurrent, except in exceptional cases.*

In the Second Chapter, which is devoted to Febrile Contagious Diseases *capable of recurrence many times during life*, he treats of Erysipelas.

In the Third Chapter, among the Non-Febrile Contagious Diseases are included the different species of Porrigo, as P. Favosa, P. Lupinosa, and P. Scutulata, and Scabies.

In the Fourth Chapter, the Non-Contagious Febrile Diseases comprehend Erythema, Urticaria, Roseola, Miliaria, Pompholyx, and Pemphigus.

The Fifth Chapter treats of a great number of diseases very different from one another, but which agree in being Non-Contagious and Non-Febrile, *chiefly connected with, and characteristic of, Derangements of the Digestive, Assimilating and Secreting Organs.* These are divided into six orders: I. The Papular Eruptions, Lichen, Strophulus and Prurigo: II. The Pustular Eruptions, which include only Impetigo and Ecthyma: III. The Vesicular Eruptions, consisting only of Herpes, Eczema, and Rupia: IV. Squamous Eruptions, Psoriasis, Lepra, and Pityriasis: V. Tuberiform or Tubercular Eruptions, which comprise Lupus, Elephantiasis, and the Aleppo Evil: VI. The Hæmorrhagic Diseases of the Skin, the principal of which is Purpura. The other chapters treat of diseases which cannot be included in the former divisions; such as Ichthyosis, Pellagra, the Syphilitic Eruptions of the Skin, Acne, Sycosis, Mentagra, Lentigo, Ephelis, Chloasma, etc.

This arrangement is supported by much ingenious argument, and reflects great credit upon Dr. Thomson's sagacity and discernment; but we confess that we do not altogether agree with him in the opinion which is strongly maintained, that Variola, Varicella, and Vaccinia are totally different diseases, as we think that there are strong grounds for believing, that these three affections are probably modifications of one disease. Nor do we agree with Dr. Thom-

son in considering Erysipelas as *necessarily* a contagious disease; for although we admit that, *under certain circumstances*, erysipelas spreads rapidly from one patient to another, yet we believe that it more usually occurs as an isolated disease. In our own experience, we can perfectly well recollect an epidemic form of erysipelas which occurred at University College Hospital in the year 1835, when almost every wound received by the patients, as in surgical operations, bleeding, cupping, etc. was followed by a severe and often a fatal attack of erysipelas; but, in all our subsequent experience, we have not observed that the disease assumed a contagious or infectious character, but that it occurred as an idiopathic affection, and without any trace of contagion. Although erysipelas is always attended with a certain amount of danger, yet we believe that the type of disease which prevails in Hospitals is far more fatal than that which occurs in private practice, and that it is important, in a practical point of view, to constitute species founded upon its infectious or non-infectious character.

Among the Exanthemata, Dr. Thomson describes the two forms of cutaneous eruption which respectively characterize the Spotted Fever and the Typhoid Spotted Fever; and, as this distinction is exceedingly important in a practical point of view, we are induced to copy the descriptions given by the author. In the Spotted Fever, the *Typhus Maculata Petechialis*, there are perceived upon the thorax and abdomen, and occasionally upon the thighs, legs, arms, and even the face, a number of small rose-coloured spots of an oblong or lozenge form, scarcely elevated above the surface of the skin, into which they fade without any definite margin. For two or three days, they only partially disappear under pressure; and, after that time, they do not disappear at all, whilst at the same time they become circumscribed, become also deeper in colour, and assume the true petechial character. *The presence of this petechial eruption is a certain indication that there is no ulceration of Peyer's glands*: a fact which post-mortem examinations of fatal cases at the Fever Hospital have amply verified. In the Spotted Typhoid Fever (the *Febris Typhoides Maculata*) the spots are few, sometimes not more than three or four, generally appearing upon the abdomen, the thorax and back, rarely or never upon the extremities: and never upon the face. The eruption is in the form of a small circular or lenticular spot of a bright rose-colour, fading into the natural colour of the skin, disappearing upon pressure during the whole time of its existence, and never displaying the petechial character. *The appearance of this eruption always indicates morbid changes of Peyer's and the solitary glands*: the ulceration of which is always attended with danger.

In the Introduction to the fourth chapter, we find the following excellent observations, which we are happy to transcribe entire, as it cannot be too strongly impressed upon the mind of the Dermatologist, that however important it may be to discriminate the external characters of cutaneous diseases, yet that most of those affections are to be considered rather as indicating some derangement of the whole system than of a single organ, and that the treatment should be directed accordingly. "These eruptions can generally be traced to some morbid condition, either of the digestive organs, or the secreting or assimilating systems; and consequently, independent of fever, they may still correctly be regarded as symptomatic of constitutional affections. It is scarcely necessary to remark, that every deviation from the healthy condition of the skin, if it cannot be traced to the direct influence of some external agent, such, for example, as great solar heat, which produces *Eczema solare;* or to dry powders and alkaline solutions, which produce two distinct local forms of psoriasis, and similar causes, must be regarded as depending on some morbid change, either in the function of digestion, or assimilation, or secretion, or in some derangement of the general constitution. This truth was indeed known to Hippocrates, who classed cutaneous eruptions as *local*, and *general* or *constitutional*. The former are few compared with the latter: and there is reason for suspecting that even the former,

with some exceptions, are also connected with general derangement of the system. With respect to the latter, it is well known that the blood occasionally becomes changed in its composition, owing to the nutrient matters from which it is formed not being in their natural state: hence, either depositions of morbid matter take place in the tissue of the skin, or inflammations are set up in it, both productive of various cutaneous eruptions. Many diseases of the mucous membrane are occasionally excited by the action of external injurious agencies on the skin: and, from sympathetic influence, derangements of the mucous membrane cause diseased conditions of the skin, not only in relation to its circulation, but in inducing an altered and morbid state of its secreting function. This sympathetic influence of those two important organs has been well ascertained; indeed, on no other principle can we explain the repulsion of some cutaneous eruptions affecting internal organs, and the relief occasionally afforded to internal diseases by their sudden appearance. I have seen deeply-seated pains in the chest, which have been mistaken for and treated as pleurisy, suddenly disappear, on the breaking out of a crop of herpes on the skin over the seat of the pain, which probably was in the serous membrane, as the symptoms closely resembled those of pleurisy. There is no doubt that the skin and serous membranes sympathize, although in a less degree than the skin and the mucous membranes; we nevertheless observe inflammation of serous membranes sometimes excited by the action of hurtful influences on the skin, and the latter suffering from derangements of the former. The stomach, and the digestive and secreting organs, however, are generally the primary sources of the altered conditions of the capillary circulation, and of the cuticular secretions, that produce many of the eruptions which appear on the skin."

When the author is guided by such sound physiological principles, we may expect that the treatment, which he recommends for adoption in cutaneous diseases, should be judicious and efficient: and this indeed is the fact. We find throughout, that the management of the case is made to consist more in constitutional than in local remedies, and that it varies in accordance with the general symptoms exhibited by the patient. Where the secretions of the chylopoietic viscera are in fault, mild alteratives and antacids are recommended; where an inflammatory diathesis prevails, bleeding, either local or general, together with calomel and saline purgatives, are indicated: and where the disease has become inveterate and obstinate, then the iodide, the biniodide and the bichloride of mercury, the iodide of arsenic, and the liquor arsenicalis, may be administered, with the usual precautions to be observed in the use of such active remedies. In debilitated conditions of the system, and where the inflammatory symptoms are absent or have disappeared, then a course of the mineral acids, of the preparations of iron, or of cinchona and the vegetable bitters, is very properly recommended.

The use of the bath is also strongly indicated in several forms of cutaneous disease; and it is to be hoped, that the beneficial effect of this important agent is beginning to be appreciated in this country.

The author condemns, in general, the use of greasy applications in the treatment of skin-diseases; and in this condemnation we heartily join, as we believe that there is hardly any form of eruption, which is benefited by having recourse to such means; and we even agree with the author, that some of these greasy ointments which contain irritating ingredients, such as the unguentum hydrargyri nitratis, do more harm than good. When there are crusts or scabs on the skin, they may be removed by a bread and water poultice, or one made of decoction of poppies; where the disease affects the hairy scalp, the hair should be cut close before the poultice is applied; and after the scabs are removed, lotions containing the acetate of lead, the carbonate of potash, the bichloride of mercury, etc., may be applied, according to the circumstances of the case.

In the treatment of Lupus, Dr. Thomson was remarkably successful; and

we believe that we are only doing an act of justice to his memory, in giving the following sketch of the plan adopted by him in the management of this very formidable and intractable disease.

He used but few local applications, and relied chiefly on three medicines, viz., iron, iodine, and arsenic, together with biniodide of mercury, and the occasional use of cod-liver oil and quinine. When a patient first came under treatment, if the general health were at all lowered, and if there were any anæmic symptoms, cod-liver oil and iodide of iron were given for ten or fourteen days, the diet being at the same time nutritious, and other means being adopted to invigorate the system. Afterwards, the alterative treatment commenced with the administration of the biniodide of arsenic in doses of one-twelfth of a grain; and Dr. Thomson considered it the safest plan to adhere to these small doses, as in large ones it often produces gastrodynia, and when this has once occurred, the stomach is extremely intolerant afterwards of the smallest dose. If any gastrodynia came on, the medicine was at once left off, and opium and hydrocyanic acid were administered. Conium was after found useful, and was frequently combined with the biniodide. If the latter, however, could not be borne in any form, the liquor potassæ arsenitis, of the London Pharmacopœia, was given in small doses of from four to eight minims, and iodine was rubbed in over the healthy skin to promote absorption. Although local caustic applications were very little employed by Dr. Thomson, yet he occasionally applied the strong nitric acid to the edges of the ulcer, or a strong solution of nitrate of silver (3ij or 3iij to ℥j of water) over the tubercles, and subsequently acetate of lead-wash to lessen the temporary heat and swelling which followed. If unhealthy, pale, fungous granulations arose, an ointment of iodide of sulphur, or a very weak ointment of the biniodide of arsenic, or of either of the iodides of mercury, was employed. Four cases are recorded in the work, in which the above treatment was adopted, and with perfect success in every instance.

The last 132 pages are written by Dr. Parkes, and they comprise the history of several diseases which are unknown in this country, such as Elephantiasis, the Aleppo Evil, Pellagra, and Pachydermia. The elephantiasis is considered by Dr. Parkes as identical with the leprosy of the ancient writers. This portion of the work does great credit to Dr. Parkes's industry and judgment, and in its composition he has availed himself of all authentic sources of information. Purpura is justly considered by him to be not so much an elementary form of disease, as an accompaniment or consequence of several diseased conditions of the system; and the treatment must, of course, depend upon the peculiarities of each individual case.

As bearing upon the present subject, we now notice some very interesting remarks upon the subject of Cutaneous Diseases, lately advanced by Dr. Hughes Bennett, and published in some recent numbers of the *Edinburgh Monthly Journal of Medical Science*. This accomplished pathologist considers that the classification of cutaneous diseases, which is best suited to the student, is still that of Willan and Bateman, with such modifications, however, as are suggested by the advanced condition of pathological science.

Dr. Bennett proposes to exclude altogether from the classification of skin-diseases, such affections as Scarlatina, Rubeola, and Variola, as he considers them to be influenced by laws of a peculiar character, and different from those which regulate other eruptions. He in fact would class them under fevers, rather than under skin-diseases. Varicella he likewise excludes from the arrangement, as he considers this disease, and we think justly, to be only a modification of small-pox. He proposes to abolish the order of Bullæ, and to place pemphigus or pompholyx among the Vesiculæ, and rupia among the Pustulæ. Among the Papulæ, he considers strophulus only as lichen occurring in the child; and among Squamæ, he regards lepra only as psoriasis occurring in an annular form. While thus abolishing some of the diseases established by Willan, Dr. Bennett adds some new ones, which the advance

of pathology and histology seem to establish. He proposes the terms Dermatozoa and Dermatophyta for those diseases which depend upon the presence of parasitic animals and plants. The acarus scabiei is placed among the Dermatozoa, and favus is removed from the pustules and placed among the Dermatophyta, for reasons which will presently be noticed. Dr. Bennett states that the diagnosis of skin-diseases should be founded upon *their primitive and essential appearance*, as whether it be a rash, vesicle, pustule, and so on: *the crust they present*, whether laminated or prominent, composed of epidermis only, etc.: *ulceration*, whenever present or absent, etc. He also admits that the classification of Willan, like any other classification, is quite inadequate to clear up the difficulties of diagnosis, which can only be accomplished by minute and assiduous attention.

In another lecture, Dr. Bennett considers at large the pathology and treatment of favus. From his experiments and observations, he concludes that the disease is of the nature of a vegetable parasite, an opinion which is confirmed by his microscopical investigations. Dr. Bennett also made a number of experiments, to ascertain whether the disease was capable of being communicated by inoculation; and, after several trials upon himself and others, he at last succeeded in producing a genuine eruption of favus upon the arm of one of the students attending the clinical class. He therefore considers that the disease is inoculable, and capable of being communicated by contagion; but that it does not readily extend to healthy persons, and that there must be either a predisposition to its existence, or that the peculiar matter of favus must be kept a long time in contact with the skin.

It is a rather curious circumstance, mentioned by Dr. Bennett, that while the porrigo favosa and lupinosa, (considered by Dr. B. as mere varieties), are common in Edinburgh, the porrigo scutulata is exceedingly rare. In London, we believe the reverse to be the case; for the latter is with us very common, and the two former comparatively unfrequent.

Dr. Bennett, in treating this disease, regards it not only as a local affection, but in many cases as a constitutional malady, dependent upon the causes which induce scrofulous disease in general. He therefore recommends the use of such remedies as are calculated to remove the tendency to tubercular exudation, and he more especially relies upon cod-liver oil, given internally and applied externally. The local treatment consists in poulticing the affected scalp for several days, until the favus crusts are thoroughly softened and fall off. Then the head is to be carefully shaved, cod-liver oil is to be applied with a soft brush, and the head covered with an oil-skin cap, to prevent evaporation and exclude atmospheric air. This treatment, in the hands of Dr. Bennett, appears to have been attended with considerable success; but it must be recollected, that the form of favus which prevails in London, is a very different disease from that described as occurring most frequently in Edinburgh.

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1. Nature and Cure of Consumption, Indigestion, Scrofula, and Nervous Affections. By G. Calvert Holland, M.D.; lately Physician to the General Infirmary of Sheffield. 8vo. pp. 208. London: 1850.
2. Cases Illustrative of the Cure of Consumption and Indigestion. By G. Calvert Holland, M.D. 12mo. pp. 104. London: 1850.

In our volume for 1849, (p. 748), we noticed a pamphlet by Dr. Calvert Holland, intended to prove, that the great purpose of the hair in the animal economy is to act as a safety valve, by carrying off any excess of nervous influence, and forming "extensive and vital relations with the great principle pervading the universe." The books now before us are not so grotesquely attractive as that production, but are simply such as are regarded by the profession as advertisement books, baited in the present instances with a little homœopathy, in addition to the usual trash contained in the advertised publications

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of professed curers of indigestion, scrofula, consumption, and nervous affections. It pains us so to write of an author who once stood well in the ranks of science; but we must warn the young and the unwary, by reminding them that, though the applause and the guineas of the London coterie of globulists (over whom Lord Robert Grosvenor presides), may be pleasant and satisfactory to many, they can only be enjoyed by those who renounce the good opinion of their brethren, and openly proclaim themselves as aliens from the domains of legitimate medicine.

The first of Dr. Calvert Holland's volumes is dedicated to "Frederick Foster Quin, M.D., by his sincere and obliged friend the author." Both books are replete with Quinism, by which term we may, for want of another, designate that mongrel species of homœopathy now in vogue, which *inter alia* advises large doses of camphor in cholera, and common quantities of aloes, or castor oil, as "adjuvants" to the globules, when the bowels are constipated. A lady, who lately consulted us, produced a pot chiefly consisting of Barbadoes aloes, given to her by a London homœopathic accoucheur. She designated the drug, "the homœopathic paste for constipation", and took it nightly in five-grain doses. A second lady, with pulmonary tubercles, in detailing her medical history, informed us, that a homœopathic physician at Brighton had ordered her to take cod-liver oil. A third lady assured us, that a well-known homœopathic doctor had prescribed for her castor oil! These cases, and others of like nature which we could enumerate, as well as the recent tone of homœopathic writings, convincingly testify, that homœopathy, as a system of medical practice, is almost extinct; the name and the globules being retained, chiefly as topics of discourse and sectarian insignia—insignia of no mean pecuniary value to those who can adroitly display them.

Excision of the Enlarged Tonsil, and its Consequences in Cases of Deafness. With Remarks on Diseases of the Throat. By Wm. Harvey, Esq., Surgeon to the Royal Dispensary for Diseases of the Ear. pp. 121. London: 1850.

This little book is the result of experience and reflection, and is therefore well deserving of the attention of the profession. A review of the entire subject of Excision of Tonsils, and in particular of 116 cases in which this operation was performed for the purpose of relieving deafness, has led Mr. Harvey to declare himself as an opponent of this practice. "That occasions may arise when operations may be called for, in order to afford relief for the distress occasioned by enlarged tonsils, he does not mean to deny; but that deafness could be one of these occasions—at least as long as the anatomical relations of the tonsil, and the aperture of the Eustachian tube continue the same as they now are—he can by no means admit." The following propositions are illustrated by cases.

"1. The enlarged tonsil, or elongated uvula, does not, *per se*, give rise to imperfect hearing.

"2. Its extirpation does not only not remove deafness, but on some occasions causes it.

"3. In cases wherein the tonsil is enlarged, the disease is in the mucous membrane generally, and its morbid condition, when remediable, is so only by means of a judiciously-regulated constitutional treatment.

"4. The tonsils are not merely secreting organs, but play a further and most important part in the animal economy, holding most intimate sympathies with important, though distinct, organs.

"5. Extirpation of the tonsil in the young has led to pernicious results, such as giving rise to bronchial and pulmonary disease, with other mischiefs mentioned in this work; and, notwithstanding high authorities in favour of extirpating the tonsils or uvula for the relief of deafness, the operation has almost uniformly proved a failure." (p. 22.)

The Treatment is well explained in the following passage, from which

also may be gathered Mr. Harvey's opinion as to the relation which exists between chronic enlargement of the tonsils and the rheumatic diathesis. We invite the profession to make trial of this new therapeutic application of colchicum ; and to pay attention generally to the recommendations contained in the subjoined extract.

"With respect to the line of treatment which I would recommend in cases of enlarged tonsil, whether such tonsil be hypertrophied or indurated, I would, in the first instance, administer the bichloride of mercury in small and divided doses, combined with tincture of rhubarb and of bark, to be taken at bed-time ; I also advise tincture of colchicum (the wine of the seeds) internally ; enjoining at the same time an external application of the colchicum, combined with soap liniment, to be rubbed on the neck. There are cases, as already stated, of tonsillar enlargement, in which much benefit has been derived from the internal use of cod-liver oil. This treatment, however, seems more particularly adapted to cases, where a decided scrofulous character predominates. This condition, I think, prevails more in children under puberty, and in whom the health is very much below the ordinary standard.

"No single remedy can be relied upon, nor do I hold out any specific power in colchicum as a panacea ; but of all those medicines that have been recommended for the discussion of these troublesome glandular affections in a chronic state, I think it will be found the best. But as the change of the constitution is to be promoted, I have found also a change in the remedy sometimes necessary, the habit approaching very much that of the scrofulous diathesis ; of course all means adapted to amend that condition should be employed.

" I have long since thought, from many specimens of these diseased tonsils which I have examined after extirpation, having had also the opportunity of investigating their history, that their contents resemble very much those concretions found in the joints of gouty and rheumatic patients, and hence it occurred to me that these concretions might be amenable to the same mode of medical treatment, and the control of the same medicine, viz., *Colchicum*, as the gouty concretions themselves." (pp. 76-77.)

In speaking of "Scrofulous Sore Throat", Mr. Harvey has the following remarks :

"In the affections which we are now considering, influenza, as has just been noticed, is a very important agent, particularly during the autumn and winter months, producing disease in the throat, and, as a consequence, deafness in either one or both ears. This affection more frequently exhibits a rheumatic character, and the structures of the ear are particularly subjected to its aggression ; the membrane becomes sometimes dry, and sometimes granular ; this appearance is continued up to the internal lining of the tympanum, after having produced a thickening of the sides of the pharynx, and frequently enlargement of the tonsil. The same consequences are observed to take place in the scalp and pericranium, and perhaps even in the meninges. But as the attack is generally attended with an asthenic condition of the constitution and great debility, we are precluded from treating it more actively than by blisters, or by colchicum, the latter to be applied both locally to the part most affected, and to be given internally also. I have also known otitis to occur, and sometimes abscess to form in the glandular system, more frequently in the parotids, producing great pain over the head, with tenderness of the pericranium, and accompanied by catarrhal and laryngeal irritation in the chronic form : when the patient experiences a dryness of the nostrils and soreness of the throat, accompanied with a dry cough, and pain of the ears of one or both sides, then it is that our attention is more particularly called for.

"This condition now described is attended with considerable dulness of hearing ; it may occur suddenly, or come on very gradually, during the course of the influenza attack, affecting one or both ears, until it arrives at so high

a degree, as to occasion considerable inconvenience to the patient. It may so happen that one ear only suffers, the other not participating in the diseased action. Noises in the ears are present during the whole course of the disease, which often continue to distress and harass the patient for some time after the convalescence. This symptom however, does not necessarily indicate any serious or unfavourable change in the structure of the organ, whilst the symptom may be referrible to chronic inflammation about the fauces and soft palate ; they appear swollen, and the uvula considerably relaxed.

"The indications of treatment appear *better* carried out by the exhibition of colchicum, both externally and internally, and by warmth to the head. There is an exacerbation ordinarily towards evening, the affection assuming a remittent character. The disease so much resembles rheumatism in its paroxysms, that, without objecting to the treatment ordinarily adopted for that affection, I cannot help observing that in the treatment, both as respects the ears and the throat, the colchicum combined with quinine is the only remedy we can rely upon, exhibited internally, and used externally in the form of embrocation.

"I have for some time relied upon the wine of the seeds, and given it for a continuance in small doses, never exceeding five drops, three times in twenty-four hours. The granular appearance of the mucous membrane is tedious in yielding, but the most troublesome symptom, and one that continues most obstinately to distress the patient, is the noise in the ears, the most effectual remedy for which I have found to be the colchicum. As the normal condition of the membrane returns, so also will the audition. It is at this period we are more perhaps induced to look to the Eustachian passage, as the only means to relieve our patient. But in so far as my experience has been directed to this point, a much greater reliance can be placed upon the constitutional treatment, than upon either local or instrumental interference; instrumental aid being deemed as a *dernier ressort*." (pp. 91-93.)

For interesting remarks upon "the dependence of speech on hearing" and other topics, we must refer our readers to the author's treatise. Our object has mainly been to direct attention to what is both the most novel, and the most important part of the treatment recommended. We have had no experience of colchicum in chronic enlarged tonsils ; but we have long principally relied, in such cases, upon constitutional remedies, and can sincerely and strongly testify in favour of a long continued course of small doses of iron ; the patient, at the same time, taking occasionally, (for weeks at a time), one or two teaspoonfuls of cod-liver oil twice or thrice daily. The preparations of iron, which we prefer, in such cases, are the syrup of the iodide, and the citrate of iron with quinine. It answers well to alternate them. From four to twelve drops three times daily of the syrup of the iodide of iron, of the Edinburgh Pharmacopœia, is a sufficient quantity. It ought (*immediately before administration*) to be largely diluted with water ; and taken at meals. From gr. ss. to gr. jss. of the citras ferri c. quinâ, is, we think, a sufficient dose for a child under twelve years. Larger doses sometimes, but not commonly, give more rapidly beneficial results ; but generally, they cannot be long borne, and a good medicine thus runs the risk of being discontinued before it has had a fair trial ; for under weeks, or even months, a satisfactory result cannot always be obtained.

PRINCIPLES OF SURGERY. By JAMES MILLER, F.R.S.E., Professor of Surgery in the University of Edinburgh. *Second Edition*, 8vo., pp. 803. Illustrated by 238 Engravings on wood. Edinburgh : 1850.

We have examined this work with care, and can commend it to our readers as up to the present state of knowledge. The matter, besides being well condensed and digested, is clothed in remarkably clear and readable language. For students, we think it most suitable as a text-book ; and practitioners will generally find in it a sufficiently copious exposition of the principles of the modern science of Surgery.

GOUT: ITS CAUSES, CURE, AND PREVENTION, BY AN ORIGINAL AND MOST SUCCESSFUL TREATMENT, FOUNDED ON THE ORGANIC CHANGES IN THE HUMAN SOLIDS, AND ON THE FUNCTIONS OF THE SKIN, WITHOUT THE USE OF COLCHICUM. By ABRAHAM TOULMIN, M.D., Member of the Royal College of Surgeons of England; Surgeon, for nineteen years, to the Tower Hamlets' Dispensary; and late Consulting Accoucheur to the Universal Medical Institution for Lying-in Women. pp. 112. London: 1850.

The suspicions excited by this title are confirmed by the very first words of the preface,—"In submitting to the *public* what, I flatter myself, will be found to be a greatly improved method of treating Gout," etc.,—and established, beyond all question, by the concluding paragraph of the introduction, in which we are told of various subjects necessary to be discussed at the outset, because a preliminary consideration of them "will be so important in enabling us to point out satisfactorily to the *general reader*[1] the causes of Gout." We know, therefore, at once, with what sort of a book we have to deal; and, speaking as plainly to the author as he has spoken to us, we take leave to tell him, that, in writing a work of this character, he has grievously sinned against the profession to which he belongs. Some subjects connected with medicine may be legitimately treated in a popular style, adapted to the popular understanding; but we affirm, without fear of contradiction by any right-minded person, that when a practitioner has, or thinks he has, discovered a new or improved method of treating any disease, he is bound by all the laws of honour to submit it, first and specially, to the judgment of the profession. The general public are incompetent to judge of its rightness or its wrongness; and, in appealing to such a tribunal, the author is seeking a verdict which is of no scientific value whatever.

Having premised this, and thus delivered our conscience, we shall state, as succinctly as we may, DR. TOULMIN'S views and treatment. His theory of Gout is given in the following words: "The formation, then, of urate of soda in the animal organism may be considered as originating the gouty diathesis; and its deposition in some one or other of the joints, as the proximate or exciting cause of the acute attack." (p. 24.) The insolubility of this salt prevents its excretion by the kidneys, and therefore it is retained in the blood; and, being of a highly irritating nature, it causes all those uneasy feelings and anomalous sensations which are so well known to the gouty subject. "As it increases in quantity," Dr. Toulmin remarks, "the system would naturally feel the importance of getting rid of a matter so injurious to its healthy action; and, not being able to expel it by either of the usual outlets, would adopt the only alternative left her, that of depositing it in some part of the body, *out of the way of her operations*,[2] and farthest removed from the centre of vitality; and hence the extreme joints of the feet and hands are generally first affected." (p. 22.) But these districts of her government, though *out of the way* of the good old lady, Nature's, operations, rebel against the unwelcome intruder; for "physiologists will have no difficulty in conceiving the immense irritation that the deposition of a concrete earthy matter in the joints, must produce in parts peculiarly smooth and hard in texture, and intended by nature to have free motion on their articular surfaces. Thus, no sooner is such deposit made, than inflammation of a peculiar kind is set up; when, after a longer or shorter period, the absorbent vessels of the part are stimulated to increased action, and again decompose it. It now once more enters into the circulation under new affinities, and becomes ultimately excreted in some soluble form." (p. 23.) It is a pity to knock such a pretty little theory on the head; but we are provokingly reminded of various other abnormal presences in the blood, which the system does vigorously resent, but without having the good sense to put thus *out of the way*, for the purpose of being taken *in again* in a more manageable shape. We would be

[1] The italics are our own.

[2] The italics here are Dr. Toulmin's.

glad also if Dr. Toulmin would condescend to inform us, by what sort of increased action the absorbent vessels succeed in reducing to a more comfortable shape this troublesome invader of the peace of the distant parts.

Dr. Toulmin's treatment has for its chief object the removal of urate of soda from the system; and as the kidneys, according to him, refuse to excrete it, and it cannot find an outlet by the alimentary canal, the skin is the only channel left. To bring about a free discharge from the cutaneous surface is, therefore, the great desideratum; and this is effected by the use of the *Thermaclin*,—that is to say, a hot-air bath. The following is then the way in which an acute attack should be managed. "In all cases, it will be necessary to prepare patients for the use of the thermaclin, by exhibiting some kind of aperient medicine; in general, a few grains of blue pill or of calomel over night, with a saline purgative in the morning, will be sufficient; but in others, the preparation will require a longer time. No general practice can, therefore, be laid down that is applicable to every case. If, in addition to the usual arthritic inflammation in the part affected, there be a sthenic diathesis present, characterized by a quick, full, and hard pulse, venesection at the arm is a prerequisite essentially necessary; long experience having taught me, that to attempt the use of the thermaclin, in such a state, is useless. . . But in the majority of cases, this state of system will not be found to exist; in such, having previously emptied the bowels by a suitable aperient, and abstinence from solid food having been enjoined, for at least five hours, the patient is placed in an alkaline warm bath, at 98° F. where the skin is well cleansed with soap. This not only answers the purpose of ablution, but prepares the skin for diaphoresis, whilst the absorption of the alkali into the blood has an important and beneficial effect. The patient may remain in the warm bath half an hour, and it is here, also, that the bleeding, when required, can be best performed; the blood flowing more freely, from the heated medium in which the patient is resting. He is then dried and removed from the bath to the thermaclin, the temperature of which will depend on the peculiar symptoms present. After a longer or shorter period, profuse perspiration will appear, when, if the apartment be small, or the atmosphere mild, the door and windows may be thrown open, and the patient be supplied with copious draughts of cold water, which, instead of checking, will materially facilitate the flow of perspiration. After a period of time, varying in duration from one to three hours, he may be taken out, wiped dry, and placed in a warm bed, and subsequently have given him some light nourishment, in a fluid form, and then be left to his repose.

"The first thermaclin is always attended with less easy feelings than any succeeding one; there is, at first, greater difficulty in inducing free perspiration; the exhalent vessels, also, throw out a more offensive odour than afterwards, which, in some cases, is indeed very powerful, and affords a criterion of the state of the patient's health. In the morning, it will in general be found, that he has passed a very comfortable night; that the pain and redness of the limb are much diminished, and that he can now bear pressure with a degree of impunity, compared with the preceding day. He is now again to be placed in the thermaclin, which he will find more pleasant than at first. The perspiration will flow with greater freedom, and the peculiar odour above mentioned will be less offensive. On the termination of the second thermaclin, all the symptoms will be most materially mitigated; pain will have ceased, and the swelling of the limb be much diminished. By this time he will, in general, be able to walk about his room; but as the cutaneous pores are open, he had better not quit it. His diet should be of a light description, avoiding animal food.

"When the thermaclin should be again repeated, must depend on the peculiar circumstances of each case; usually three or four repetitions of it will be found sufficient to remove all traces of the recent attack; by which time, if the constitution be good, and the gouty disposition of not very long standing,

even the stiffness will also have greatly disappeared. What medicine may be necessary, must depend on the peculiar symptoms present in each case, and particularly on the state of the urine. If there is much deposition of lithic acid in that fluid, a saline, containing citrate of ammonia, may be exhibited with advantage; in some cases, a few grains of Dover's powder will be useful, and in others, a saline aperient will be required, but on no account colchicum. . . . When the pain, redness, and tumefaction, have all entirely subsided, the patient may take his last thermaclin (which, for this purpose, should be given in the morning), and on getting out of it, he may, without loss of time, immediately step under the shower-bath; after which, he must be well rubbed down with coarse towels, and dress quickly. The process is now completed; the patient may expose himself to the open air with perfect safety, and it is desirable that he should take some exercise. He may then sit down to a hearty breakfast, to compensate for his previous abstinence."

Several cases are related, showing the successful operation of this plan.

Practical Observations on the Pathology and Treatment of certain Diseases of the Skin generally pronounced intractable. Illustrated by upwards of Forty Cases. By Thomas Hunt, M.R.C.S.Eng., F.S.A., etc. pp. 156.

In this work, the author does not profess to throw any new light upon the Pathology or the Classification of Cutaneous Diseases; and indeed his whole object seems to be to prove, that for certain chronic and inveterate affections of this class there is only one remedy,—namely Arsenic.

Although we do not wholly approve of the plan of writing a book, for the purpose of proving that any one remedy is an infallible cure for a large group of diseases, we are, on this occasion, inclined to overlook the fault, as many of Mr. Hunt's observations are well worthy of attention.

The diseases which Mr. Hunt considers as most likely to be benefited by his plan of treatment are Lichen, Prurigo, Lepra, Psoriasis, Pityriasis, Chronic Urticaria, Purpura, Impetigo, Ecthyma, Eczema, Acne, Sycosis, Lupus, and non-congenital Nævus; all which, "differing widely, one from another, in their eruptive forms, and scarcely presenting one positive, palpable, and distinctive point of resemblance to each other respectively, may yet be regarded as *one disease*, manifested in different individuals by different kinds and degrees of cutaneous inflammation or irritation." (Page 4.)

Mr. Hunt's treatment consists in first preparing the system of the patient, by rectifying any local or constitutional disorder which may coexist with the cutaneous eruption. He then commences the arsenical treatment by giving the Liq. Potassæ Arsenitis of the London Pharmacopœia, in doses of five minims three times a day. He points out the necessity of continuing the remedy *in diminished doses* for a considerable time, and he states, as the result of his experience, that he has never observed any unfavourable symptoms to follow the long-continued employment of the mineral under these circumstances. He recommends that it should be given with the beverage taken with or after meals; that its effects should be watched, and the patient examined at least twice a week. He lays great stress upon the fact, that before the system is injuriously affected by the arsenic, the patient feels a pricking sensation in the tarsi, and the conjunctiva becomes slightly inflamed. "*At this crisis*," says Mr. Hunt, "*the disease is brought under arrest, and generally from this period appears to be shorn of its strength.*" (P. 12.) He then diminishes the dose, but perseveres in the use of medicine for a lengthened period; indeed, until the cutaneous affection disappears. The cases in which arsenic has failed have been, according to Mr. Hunt, 1st, Those which are of a syphilitic character, and which are remedied by mercury, not by arsenic; 2nd, Those in which arsenic is given during an inflammatory or febrile condition; 3rd, Those in which it is given upon an empty stomach, and in which, therefore, it is apt to produce gastro-enteritis; 4th, Those in which it is given in too large or *in gradually increasing doses.*

CLASSIFIED CATALOGUE OF THE PAPERS WHICH HAVE APPEARED IN THE BRITISH AND FOREIGN MEDICAL PERIODICALS FROM JANUARY 1849.

CHAPTER III.

OBSTETRICS, AND DISEASES PECULIAR TO WOMEN.

BRITISH AND AMERICAN JOURNALS, FROM JANUARY 1849 TO JUNE 1850.

BY ALEXANDER HENRY, M.D.

The following Journals are referred to in this Chapter.

London Journal of Medicine	Lond. Journ. of Med.
Medico-Chirurgical Transactions	Med.-Chir. Trans.
British and Foreign Medico-Chirurg. Review.	B. and F. Med.-Chir. Rev.
Guy's Hospital Reports	Guy's Hosp. Rep.
Lancet	Lancet.
Medical Gazette	Med. Gaz.
Medical Times	Med. Times.
Provincial Medical and Surgical Journal ...	Prov. M. and S. Journ.
Edinburgh Medical and Surgical Journal ...	Edin. Med. and Surg. J.
Monthly Journal of Medical Science	Edin. Month. Journ.
Dublin Quarterly Journal	Dub. Quart. J.
Dublin Medical Press	Dub. Med. P.
American Journal of Medical Science	Amer. Journ. of Med. Sc.
Philadelphia Medical Examiner	Phil. Med. Ex.
Transactions of American Medical Association.	Amer. Trans.

PHYSIOLOGY AND PATHOLOGY OF THE REPRODUCTIVE FUNCTION.

Procreative Power, in relation to Population, etc. Routh (C. H. F.) Lond. Journ. of Med., March 1850, vol. ii, p. 240.

Reflex Function, Application of, to Parturition and Obstetrics. Power (John). Lancet, Jan. 26, 1850, p. 113.

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Milk, Early Secretion of, in Pregnancy. Trayer (J. J.) Med. Gaz., Jan. 25, 1850, vol. xlv, p. 144.

Fœtus in Utero, Attitudes and Positions of, Natural and Preternatural; Acts of the Reflex or Excito-Motory System. (Plates.) Simpson (J. Y.) Edin. Month. Journ., Jan., April, and July, 1849, vol. iii, N. S., pp. 423, 639, and 863. As inoculating the Maternal with the Peculiarities of the Paternal Organism; Influence exerted by the Male on the Constitution and the Reproductive Powers of the Female. Harvey (Alexander). *Ibid.*, Oct. 1849, vol. iii, N. S., p. 1130.

Mental Influence of Mother on Child. Lane (Butler). Prov. M. and S. Journ., March 7, 1849, p. 124.

Urea in Liquor Amnii and Fœtal Urine. M'Clintock (Alfred H.) Dub. Quart. J., Feb. 1849, vol. vii, N. S., p. 39.

Placenta, Construction of; Mode of Communication between Mother and Fœtus. Adams (F.) Med. Gaz., Jan. 26, 1849, vol. xliii, p. 150.

Superfœtation. Henry (Alexander). Lond. Journ. of Med., Dec. 1849, vol. i, p. 1087. Case of in a Negro Woman, who gave Birth to Twins of Different Colours. Carter (R.) Phil. Med. Ex., Sept. 1849, vol. v, N. S., p. 523. Cases of, in a Negress. Taylor (T. B.) Amer. Journ. of Med. Sc., April 1849, vol. xvii, N. S., p. 549. From N. O. Journ., Nov. 1848. (Quoted in Lond. Journ. of Med., 1849, p. 1096.)

Extra-Uterine Fœtation, Case of. Thomas (Evan). Med. Times, May 19, 1849, vol. xix, p. 570.

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PREGNANCY AND ITS DISEASES.

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CRITICAL DIGEST OF THE BRITISH AND FOREIGN MEDICAL JOURNALS.

PRACTICE OF MEDICINE AND PATHOLOGY.

INUNCTION IN SCARLET FEVER: WITH RULES FOR THE WHOLE TREATMENT, AND PROPHYLAXIS OF THE DISEASE.

Dr. Schneemann, physician at the court of His Majesty the King of Hanover, has published an important paper, satisfactorily proving the benefit to be obtained from Inunction of the Whole Surface. The eruption is so much modified, that the skin is enabled to perform better its essential functions. We abridge a translation of the paper, in the *Lancet* of 15th Sept. 1849.

The advantages of the treatment about to be laid down, are, the annihilation of the injurious effects of the exanthem on the functions of the skin. The eruption is so modified, that scarcely any desquamation takes place; and the skin, instead of burthening other functions, produces, by continuing in a state of comparative integrity, so beneficial an influence on the organs attacked, particularly the throat, that the normal condition is, in every case, and in every part, speedily restored.

Description of the Treatment. As soon as we are certain as to the nature of the illness, the patient must be rubbed, every morning and evening, over the whole body, with a piece of bacon, in such a manner that, with the exception of the face (?) and hairy scalp, a covering of fat is everywhere applied. In order to make this rubbing-in somewhat easier, it is best to take a piece of bacon of the size of the hand, choosing a parts till armed with the rind, that we may have a firmer grasp. On the soft side of this piece, slits are to be made in various directions, in order to allow the oozing out of the fat; and this is still further promoted by placing the bacon, for some time previously to using it, near the stove, in the oven, or on the hob. But the fat must be allowed to cool before being used.

The rubbing must be so performed, that the skin may be regularly, but not too quickly, saturated with fat. During the process, only that part being rubbed is to be uncovered, or the whole can be done under the bedclothes; but this precaution is unnecessary. Although this plan, from the mess it makes, is not calculated to find favour, as it dirties bed and linen, as well as the persons of the children, yet the first few days yield results which make all this forgotten, and inspire the mothers with enthusiasm. With rapidity the most painful symptoms of the disease are allayed; quiet, sleep, appetite, and good humour, return. Other things, however, are necessary besides infriction with fat; but still the most important share of the merit may be imputed to this treatment. The truth of this will appear from a citation of the first results which follow:

1. The improbability, I might say impossibility, of the patient getting cold. Were this the sole benefit of the Inunction, it would be great.

2. The dry brittleness of the skin, and the tormenting itching, are not only materially alleviated, but, for the most part, fully put a stop to. Hence, children generally like the rubbing-in, and often ask for a repetition of it before the time is come.

3. The influence on the physiological functions of the skin is still more important. During the coming on of Scarlet Fever, the skin becomes diseased, in consequence of which it dies off; and, until a new covering is prepared for the surface, the functions of the skin are ill performed, or, during the desquamation, probably not performed at all. To appreciate the importance of the imperceptible functions of the skin, merely mechanically viewing

the matter, I refer to the experiments of Seguin, which fix the quantity of matter thrown off from the outer skin at eleven grains per minute in a grown person, and therefore more than two pounds per day. What efforts it must cost the organism to lead so large a quantity into other paths, in order to throw it off when the skin is incapable of doing so! To give a striking proof of the bad influence which the interrupted functions of the skin produce on the healthy activity of relative, even of distant, organs, I may cite the fact, that death is always the result, where more than one-half of the skin has been destroyed by fire or boiling liquid. A similar destruction of the skin ensues in Scarlet Fever, with this difference, that it takes place gradually, and thereby the organism is better enabled, by employing all the activity of the body, to find aid against the mischief which, to the injury of the patient, must result from the cessation of the functions of the skin.

4. The oxidation of the blood is thus considerably promoted, the interrupting of which is the cause of such serious phenomena. As the disease of the throat is not improbably, in great part, due to the interruption of the functions of the skin and lungs, it must naturally disappear, or not present itself, where these are continued in integrity; and such is found, in practice, to be the case.

5. Owing to the fatty covering, the skin is kept moist, and the cuticle cannot be driven about the room by currents of air; and thus *one fertile source of infection is kept closed up*, it being well known that infection is most easily communicated at the period of desquamation. The danger of infection, under any circumstances, is materially lessened with the disappearance of the eruption from the skin, inasmuch as the process of generating infectious material is interrupted by restoring the skin to its normal state.

6. By shortening the period of desquamation, and protecting the patient against the sequela of the disease, the duration of the treatment can be shortened to a period of from six to ten days.

7. The remedy is (cheap), harmless, practical, and is perhaps never counterindicated. The linen must not be too frequently changed, as a clean shirt takes up more of the fatty matter than one already saturated, and hence the skin is sooner deprived of its fatty covering. The rubbing-in is to be kept up twice a-day for three weeks, and once a-day during the fourth. The patient is, after this, to be daily washed with cool water and soap, and then only is the warm-bath to be commenced. This process does not (as has been argued in some colleges) interfere with the natural course of the malady, and expose the individual to second and third attacks. In severe cases, the remedy may be repeated three or four times within the twenty-four hours. The main point is, to keep the skin *always* cool and moist; and here, even with all possible precaution, the skin will sometimes come off in certain places. The practitioner will do well to fix the exact hours at which the rubbing-in is to take place; it will then most probably be better and more regularly performed.

Other points, which are also important enough, now remain to be noticed:

8. *Temperature.* Experience proves that it requires no great daring to keep the patient *cold* instead of hot. Cold washing is *not* to be employed, as it promotes desquamation. Cool air seems to have a bracing influence on the system, and a soothing one on the respiration; and all danger is avoided by the fatty covering. The temperature of the bed-room should never be above 13° R. The idea of throwing back the eruption by mere cold air, is an error. Great heat is much more likely than cold to throw in the eruption. In fact, the fatal cases of this kind are principally those where, through keeping the patient too hot, the cerebral affection has been brought on; this has given rise to paralysis, which appears sooner in the skin than in other parts, and thus to the withdrawal of the eruption,—for the skin dies sooner than other parts, as shown in collapse, where mustard poultices do not act as in other states.

9. *Bed.* The patient should not remain in bed any longer than is absolutely necessary. As soon as the fever, headache, and a desire to remain in bed, are gone, he may quit it, for in bed the skin is between two fires,[1] and the functions of the body do not go on so well as in moving about. Hence, even when the patient must lie down an hour or two daily, he should still go about the rest of the time.

10. *Diet.* The diet should be light, but there must be no starvation, and as rapid a return as possible to the usual food.

11. *Washing.* Although it brings on desquamation, it will be as well to let the patient occasionally wash his hands and face with water and soap. It reconciles him to the dirt attendant on the rubbing-in.

12. If *constipation* ensue, it must only be combated with medicines; when, at the end of forty-eight hours, it makes no semblance of disappearance, then a clyster of poppy oil is the best remedy.

The author enters his protest against a partial employment of his remedies.

Complications require a Modification of the System. 1. *Severe cerebral symptoms at the commencement.* The above treatment can only be applied, where time is allowed for the development of the restorative process. Occasionally the case is accompanied at its very outset by severe cerebral affection, and convulsions. Here bleeding may be employed, and, if necessary, unhesitatingly repeated. To support this view, Dr. Schneemann instances the authority of Armstrong, Bernd, Stieglitz, Hammond, Hingeston, etc. Venesection is, accordingly, the sheet anchor. The other remedies are—1. The application of concentrated cold to the head; and the best form for this is ice. The cold dash is often more hurtful than useful, on account of the serious reaction which follows it, and exposes the patient more to the dangers of an apoplectic attack, although its results for the minute are often very flattering. *At the end of every two hours, the bladder of ice should be removed,* in order that the uninterrupted effect of the cold may not weaken too much the tone of the vessels of the brain. Warm mustard plasters to the shins are a most valuable remedy. Internal remedies are generally of little use where the above-given remedies fail; the only one of any importance is the carbonate of ammonia. Mercury is of little value, except just to open the bowels; for its specific action never comes into full play, till the system is throwing off the affection. There are, however, much better purgatives than calomel; the saline, for instance. Emetics ought not to be tried in cases complicated with cerebral affection; in others they may. The aconite failed in the author's hands, both in tincture and solution. With regard to the treatment by leeches and ammonia, so many writers have already pointed out its good results, that the author can safely recommend it, but with the proviso, that in urgent cases bleeding be substituted for leeches.

2. *The Affection of the Throat. Primary.* As this is but a link in the whole, so must the measures taken for its removal be such as will remedy the general affection. *Secondary.* For this, the rubbing-in, as it acts by prophylaxis, is the best possible remedy; but where this has not been brought into use, or where, from keeping the patient too warm, desquamation has come on, and the secondary sore-throat has set in, the best remedy is the use of emetics. They not only remove the tough glazy slime, but excite the secretions and excretions to more normal disposition, and this is especially the case if the disorder have a gastric character. Many, by confounding the employment of emetics in the early and latter stages, have brought them into discredit. For the swelling of the tonsils, an excellent remedy is, a solution of nitrate of silver, (twenty grains to an ounce of water), with which they and the soft palate are to be painted; but so many varieties present themselves in these secondary attacks following on Scarlet Fever, that no general rules

[1] Here it will be as well to state, that in Germany a feather-bed is frequently substituted for bed-clothes.

can be laid down. Here everything depends on the discrimination and judgment of the practitioner.

Prophylaxis. Warm clothing, separation from school, and above all, light diet, are the best preventatives. That the younger children, as more predisposed than the others, must be more carefully separated from the sphere of infection, is doubtful practice. Not only are many children never infected, who, however, by adopting this system, require to be as carefully secluded as the others, thus causing great inconvenience ; *but the mildening influence and actual advantage of a gradual accustoming to the infection are thereby lost, and consequently the attack, when it comes, is so much the more severe.* The free communication with the patient is good, in order that constant exposure may, as in the case of physicians and nurses, blunt and wear out the disposition to the disease ; for as it now is, children are separated from the patient during the first period, which is the mildest, and exposed to contact with him during the process of desquamation, which is the source of the most dangerous infection. Many preservatives have been vaunted against this malady during its epidemic appearance ; of these, however, the only one apparently deserving of much credit is the belladonna. Its action appears to be, "by altering the relations of the nervous system, to diminish the disposition to the disease." The author's prescription is—Take of extract of belladonna, one to two grains; distilled water, one ounce. Mix. Give to each child, morning and evening, as many drops as it has years, and continue to do so at least fourteen days. But not to confine himself to his own testimony, Dr. Schneemann gives that of Jördens, Ettmuller, Hedenus, Gumpert, Hufeland, Martius, Pormey, Behr, Benedix, Thaer, etc, who have testified to the value of belladonna ; and though he admits that as many opponents might be found, he thinks it scarcely credible that all the former had deceived themselves. In certain sections of the circle of Bayeux, Dr. Feron preserved from Scarlet Fever all the children who had not been attacked before he commenced operations. In 400 cases near Valenciennes, treated with belladonna, not one person was attacked. Hahnemann has, however, only recommended it where the eruption is smooth, bright-red, and in large patches. But where there are roughness and purpleness of the skin, it seems to be useless ; and it may be that the bad success of many cases was owing to the neglect of this distinction.

The author requests all who may avail themselves of his plan, to communicate the results to the world. His theory, he says, is of little consequence ; but that the facts are invaluable. Spilsbury recommended this system of treatment in the wasting fever and night-sweats of the consumptive ; and Dr. Schneemann hints that it might be of use in measles and cholera. We have not observed that the views of Dr. Schneemann have obtained that attention from practitioners which they merit. We therefore invite our readers to communicate for publication in the London Journal of Medicine, any observations which either already have, or have not been laid before the profession. We think *we discover in the essay*, of which we have given an ample abridgment, *a very material improvement in the treatment of Scarlet Fever.* At present, the combined experience of independent observers is required. In the *Boston Medical and Surgical Journal*, (15 May, 1850, p. 309,) Dr. H. Lindsly has the following paragraph : "Scarlet Fever has been exceedingly fatal in this section of country during the past winter, sweeping off whole families of six, seven, and in some instances eight children ; and bidding defiance to all the ordinary modes of treatment. It was under these appalling circumstances, that I met with the article in the London *Lancet*, detailing Dr. S.'s mode of treatment. I at once determined to give it a thorough trial, and have accordingly employed it in every case that has since occurred in my practice, with the exception of three or four that had the disease very lightly. Some of these cases were of great severity, and just such as I had repeatedly lost under the ordinary treatment ; yet they all recovered rapidly after the em-

ployment of inunction. So far as I can judge from this very limited experience, I have come to the conclusion that the introduction of this simple mode of medication will probably be found the most important improvement, that has been made for many years in the management of Scarlet Fever."

We are inclined to concur in the hopes of Dr. Lindsly, from having seen in one case apparently very great benefit result from frequent smearing of the surface with olive oil; and from having been informed of the very great success which attended the treatment of an aged and now retired practitioner, whose habit, in many Scarlet Fever epidemics, had been to cover the surface of his patients with a thick, and often renewed, lather of soap, laid on with such a brush as is used in shaving.

SCARLATINAL VAGINITIS, WITH MUCO-PURULENT DISCHARGE.

Two papers have recently appeared, on this subject, in the *London Medical Gazette*,—the one by Dr. Robert Barnes, July 12, p. 65; and the other, (a commentary on it,) by Dr. Cormack, August 2, p. 198. Though, perhaps, the subject is not possessed of quite so much novelty and medico-legal difficulty as are attached to it by Dr. Barnes, it has sufficient interest to justify our quoting the short and practical communications of both gentlemen.

Dr. Barnes' Paper. "In the summer of 1843, I witnessed, in the wards of M. Chomel, at the Hôtel-Dieu, a case of Scarlatina in a girl about sixteen years of age. Owing to an unfortunate accident, by which I lost the greater part of the notes I made in the Paris hospitals, I cannot give a detailed account of this patient. She presented one symptom, which, on account of its novelty, and its important relations to forensic medicine, is, I think, particularly interesting. After the decline of the eruptive stage, and when apparently convalescent, there occurred a muco-purulent discharge from the vagina, similar in character to the discharge which not uncommonly flows from the nares, as one of the sequelæ of Scarlatina.

"There was evidence to show that this discharge did not exist at the time of the girl's admission, and that it was *first* observed at the period I have mentioned,—viz., after the decline of the eruption, when she had been some days in the hospital.

"I believe that the discharge was not blennorrhagic, but a newly-observed feature in the pathology of Scarlatina.

"It is in the suspicion of blennorrhagia, that lies the interest of this symptom in relation to forensic medicine. In this case, for example, an unmerited stigma might attach to the girl's character, were it not admitted that the discharge might be the result of Scarlatinal Vaginitis. Numerous other charges of a grave nature might be founded upon such an appearance. Accusations of rape even might receive corroborative proof from its presence. About two years ago, I saw a child of eleven years old, who was recovering from Scarlatina. It was then observed, for the first time, that she had a discharge from the vagina, and suspicions were immediately excited that she had been abused by a lad in the neighbourhood. This discharge might have been a sequela of Scarlatina. I believe it was.

"The importance, then, of determining the possibility of a muco-purulent discharge as a consequence of Scarlatinal Vaginitis, is obvious. I am not acquainted with any author who notices this symptom. Dr. Tweedie has informed me that his attention has never been directed to such an occurrence, and that when a purulent discharge from the vagina has been noticed in scarlatinal patients, he has concluded it to be blennorrhagic.

"My colleague, Dr. Miller, whose elaborate work on Scarlatina has thrown so much light on the pathology of the disease, has favoured me with the following interesting remarks:

"'I have never seen Vaginitis during the eruptive period of Scarlatina, nor even among the sequelæ. I am inclined to think that it is an uncommon

occurrence. Still, during a smart attack of the eruptive fever, when the mouth, nares, and pharynx, are implicated, it seems not unlikely that the inflammatory action should affect the vagina, there being a less abrupt merging of skin into mucous membrane (as in the mouth) than in other mucous outlets. Yet we know that the mouth, nares, and fauces, are specially implicated in this exanthem; and, were the other local affection more common, I think our attention would be drawn to it more frequently. In our dispensary patients, especially among strumous children, muco-purulent discharges from the vagina (slight Vaginitis) are common; and I have never had reason to suspect gonorrhœa, though it has been alleged. It is essentially a scrofulous disease of the mucous surface (*me judice*), and occurs in connexion with ascarides, accumulation in the large intestines, as a sympathetic affection, just as otorrhœa occurs during dentition in these subjects.

"'Recurring to the Vaginitis in Scarlatina, I should rather expect it to occur where there had been a very full eruption and good peeling, than in any other case. Did not the affection exist before, on careful examination of the child's friends, we might safely set it down to Scarlatina. But I cannot deem it a specific mark of the disorder, as the affection of the mouth, nares, and throat, will alone mark the disease, without the cutaneous eruption.'

"I am quite prepared to accede to the opinion of Dr. Tweedie and Dr. Miller, that a muco-purulent discharge from the vagina in Scarlatina *is a very rare occurrence;* but this very circumstance increases the importance of the symptom in relation to questions of legal medicine. The more rare the symptom, the less likely is it to be recognised as an effect of Scarlatina, and the more probable that it will be set down as a proof of contamination.

"I will not dwell too much on the two observations I have cited, as I cannot expect that they will carry the same conviction to others which they do to myself. I will therefore beg permission to refer to such points in the pathology of Scarlatina, as seem to give support to the view I have taken of these cases:

"1. The inflammatory action in Scarlatina attacks a wide extent of mucous membrane as well as skin. It invades a large portion, at least, of the alimentary tract: the mouth, fauces, pharynx, œsophagus, and, doubtless, sometimes the stomach and small intestines, are affected. The rectum and anus are commonly involved.

"The respiratory mucous tract is not less extensively implicated. The nares, larynx, trachea, and even the bronchi, have been repeatedly observed to be inflamed. The urinary mucous tract is equally affected: the bladder, the ureters, the pelvis of the kidneys, and even the tubuli uriniferi, are involved. The only mucous tract remaining, is the genital. Analogy forcibly points to the inference, that this will not be exempted from an inflammation which invades every other mucous tract in the body. I see no reason why the vagina (and also the urethra of both male and female) should not be as frequently and as essentially inflamed as the rest of the mucous membranes.

"2. *The Discharge.* A common sequela of Scarlatina is an inflammatory thickening of the Schneiderian membrane, accompanied by profuse secretion of an acrid muco-purulent matter.

"Even before the febrile symptoms are abated, a similar secretion, but generally of a more viscid mucous character, is abundantly thrown out by the mucous membrane of the throat.

"A viscid secretion, often containing flakes of lymph, is also frequently coughed up from the trachea. In short, the obstruction of the throat, mouth, and nares, by muco-purulent secretions, is one of the most distressing and alarming symptoms of Scarlatina.

"Scarlatinal inflammation, then, of portions of the alimentary and respiratory mucous tracts, is attended by morbid products similar in character to those attending severe inflammation arising from any other cause.

"Ordinary inflammation of the vagina and os and cervix uteri is most com-

monly productive of mucous or muco-purulent discharges. It is, then, reasonable to expect that Scarlatinal Vaginitis should produce similar results.

"I further believe, that a muco-purulent discharge from the vagina may also arise in connexion with small-pox and other exanthematous diseases, which affect large tracts of mucous membrane as well as skin.

"Such a discharge, arising from Scarlatina or small-pox, may frequently be overlooked; or, when detected, be erroneously attributed to blennorrhagic infection.

"I have another observation to make in reference to this subject. Like the discharge from the nares, the vaginal discharge may persist for a lengthened period after convalescence from the fever. It may constitute a new form of leucorrhœa, the true origin of which may never be suspected. In such a case, the treatment would be simple. I have found nothing succeed so readily in inducing a healthy action of the Schneiderian membrane, when affected by Scarlatina, as the application of nitrate of silver; and I have no doubt that a few injections of a solution of nitrate of silver into the vagina, so as to reach the os and cervix uteri, would effect a cure.

"In conclusion, I freely admit that the occasional occurrence of a muco-purulent discharge from the vagina, as a consequence of Scarlatina, has yet to be established. Observation alone can decide this. Extensive inquiry will soon determine the existence of this affection, and the relative frequency of its occurrence. These points established, the practitioner may often experience the grateful opportunity of dispelling unjust imputations against female virtue, and of defeating false accusations of criminal violence."

Dr. Cormack's Paper. "In 1844 I published, in the *Edinburgh Monthly Journal*, a memoir, entitled, 'Gonorrhœa and Syphilis with reference to Forensic Medicine and Therapeutics', in which I directed attention to various topics, including non-venereal Vaginitis. Since that period, several cases in my own practice, and others which have been mentioned to me by professional friends, have convinced me that exposure to cold, and other causes enumerated in the memoir referred to, are even more frequently the sources of inflammation and purulent discharges from the vagina, than I supposed at the period of its publication.

"At present, I only wish to say a very few words with reference to a paper which appeared in the *Medical Gazette*, July 12, p. 65, by Dr. Robert Barnes, entitled, '*On the Occurrence of a Muco-Purulent Discharge from the Vagina in Scarlatina, and the importance of this symptom in relation to Forensic Medicine*'. Dr. Barnes attaches a much greater amount of importance to such cases than I was aware they possessed. He considers them very uncommon; and, in support of this doctrine, he cites two eminent authorities, Dr. Tweedie and Dr. Miller. I do not write in a controversial spirit, but simply with the view of inducing others, *for the future*, to inquire into the presence or absence of Vaginitis in Scarlatina. Dr. Barnes says: 'I am quite prepared to accede to the opinion of Dr. Tweedie and Dr. Miller, that a muco-purulent discharge from the vagina in Scarlatina is a very rare occurrence; but this very circumstance increases the importance of the symptom in relation to questions of legal medicine.'

"During the last epidemic (1848-49) of Scarlatina,[1] I had, under favourable circumstances, considerable, though not a very large experience of the disease; and of all my cases I have preserved a record. Vaginitis I frequently met with, and I regarded it in no way as an unexpected or rare occurrence; but, on the contrary, as a not unlooked-for extension of the exanthematous inflammation of the skin, analogous in its nature to what is often met with in the mucous linings of the nose, ear, air-passages, and intestinal canal. In

[1] Much information regarding this epidemic will be found in Dr. Miller's admirable monograph, lately published.

the epidemic of 1848-49 I had under my charge twenty-three female patients, all of whom were cleanly, well nursed, and in a respectable social position. In twelve of the whole number, there was well-marked Vaginitis; and so impressed was I with the importance of averting or preventing this affection, that, in every female patient, I directed, from the very first, careful ablutions of the parts to be performed at least twice in twenty-four hours. Of the twenty-three female patients, two only were above fourteen years, and these were respectively twenty-six and twenty-eight, and both married. Now both of these patients had *acute* Vaginitis, much more severe than any of the children. In one lady, for forty-eight hours, the discharge was so abundant as to require the nurse to change the towels at least every hour; and it was of so acrid a nature as to excoriate the thighs and anus, notwithstanding every precaution being taken to protect these parts. The other had it more mildly; but the Vaginitis was also in her a source of great suffering and discomfort. The first lady aborted: the second was not in the family way. The first was the most dreadful case of Scarlatina which I have ever seen issue in perfect recovery; the second was one of moderate severity.

"Speaking, as I now do, from a very limited number of facts, I have no right to give an absolute opinion as to the frequency or rarity of Scarlatinal Vaginitis; but I would venture to suggest, that the non-observance of this affection by the practitioner is no proof of its absence; for patients suffering from scarlet fever are often too ill to make complaints: and, in other cases, the affection is managed by the nurse, without her thinking it necessary to trouble the doctor. The question must be decided by future experience of a large number of cases, carefully observed with a special view to its elucidation.

"The whole treatment required is generally frequent ablution with tepid water, and, if pain be complained of, the use of opiate fomentations. The children, with one exception, required very little special treatment; but one, of strumous habit, continued to have a profuse muco-purulent discharge long after convalescence was in all other respects complete. Chalybeate medicines, cod-liver oil, and astringent lotions, at last effected a cure. The two adults were both treated by injections of nitrate of silver, and the keeping apart the labia by a piece of lint soaked in the same. I believe that, in severe cases, the nitrate of silver will be found the best local remedy: but the injury which it occasions to the linen of the patient, and of her bed, naturally occasions a prejudice against its use."

ACETATE OF POTASH IN SOME DISEASES OF THE SKIN.

Dr. J. A. Easton, of Glasgow, having been led, by a perusal of Dr. Golding Bird's Lectures, to employ Acetate of Potash in some Diseases of the Skin, has published the results at which he has arrived, in an important practical paper in the *Edinburgh Monthly Journal* for May 1850. The following cases, out of several in which the Acetate of Potash was used, have been selected by him as illustrating the skin-diseases most commonly met with. They are abridged from the reports of the Royal Infirmary of Glasgow.

Case I. Psoriasis diffusa. Ann M'Intyre, æt. 16, servant, admitted 18th September, 1849. About five months ago, without assignable cause, patient observed some small red patches on the lower extremities, which were soon covered by whitish scales, which fell off, leaving the surface red, shining, and tender to the touch. The patches gradually enlarged, till at length they formed an almost continuously affected surface. Two months after the patches had appeared on the lower extremities, some were observed on the upper; these soon extended, so as to cover the arm from the wrist to above the elbow. On admission, the upper and lower extremities had the usual appearance of psoriasis. The elbow, wrist, and knee-joints, but especially the last, were deeply fissured, and covered with thick yellowish crusts. One or two patches

had also appeared on the face. To use the alkaline warm bath every day; to take five grains of the iodide of potassium thrice daily, and a Plummer's pill every night. Under this treatment, the disease continued to increase in intensity and diffusiveness till the 13th October, when she was ordered the following mixture: Acetate of Potash ʒv, water ʒxij. Mix. Of this mixture take an ounce thrice daily. Omit the other medicines. Was dismissed cured on 7th December. Duration of disease from commencing Acetate of Potash, less than two months. In this case, iodide of potassium and Plummer's pill, though persisted in for nearly a month, failed to make the slightest impression on the disease. No record was kept of the state of the urine.

Case ii. Psoriasis diffusa. Sarah Miller, æt. 18, factory worker, of full habit of body, admitted 19th September, 1849. About two months ago, an eruption of small red patches, covered with white scales, appeared on the lower extremities, and three weeks ago on upper extremities. On admission, the lower extremities presented the usual appearance of psoriasis diffusa, and the eruption was not so general or intense on the upper extremities. Skin hot; pulse 72, full. She was ordered the warm bath, and to take 4 ounces of the following mixture morning and evening: Nitrate of Potash 2 drachms; sulphate of magnesia 1 ounce; water 24 ounces; Mix. On the 24th September, she was put on the Acetate of Potash, and the diuretico-cathartic mixture was discontinued. She was dismissed cured on the 14th November, the disease having lasted nearly two months from the time when the use of the Acetate of Potash was commenced. No record was kept of the state of the urine.

Case iii. Psoriasis diffusa. Margaret Lindsay, æt. 40, laundry-woman, widow, admitted 26th November, 1849. On admission, the whole dorsum of the left foot and lower half of the leg were covered with a scaly eruption, having numerous fissures. The scales being removed, the subjacent surface presented a red shining appearance, and the scales were quickly reproduced. The right leg and both arms were similarly affected, but in a milder degree. She was ordered an ounce three times daily of the following mixture: Acetate of Potash 6 drachms; water 12 ounces. Mix. Patient was cured of the psoriasis in less than four weeks, but remained in the hospital a fortnight longer, in consequence of cephalalgia. Average quantity of urine passed per diem, 7½ pounds avoirdupois. Average sp. grav., 1·016.

Case iv. Eczema impetiginodes. Margaret M'Callum, æt. 21, unmarried, bleacher, admitted 19th January, 1850. Two months ago, after some pyrexial symptoms, patient observed a vesicular eruption on the upper extremities. It was attended with some itching, and, when scratched, gave exit to a clear fluid, which concreted into yellowish crusts. Of late, however, the eruption had assumed a pustular character. On admission, the skin between the wrist and elbow-joints, and on the forehead and cheeks, was covered with a continuous yellow crust. Pulse 116, full; tongue dry; skin hot. This patient was first bled to 12 ounces, and had a smart purge of calomel and jalap. The blood drawn was buffy. On the next day (the 20th), the pulse being 96, and the febrile symptoms considerably abated, she began the use of the Acetate of Potash in half-drachm doses thrice daily; and I may here mention, that this is the quantity which I now invariably prescribe to adults. This woman left the hospital cured on the 23rd of February, having been under treatment by the acetate one month and three days. It is of consequence to note, that the urine voided during the first twenty-four hours after admission, and before any medicine was given, was only eight ounces, high coloured, and of sp. grav. 1·032; the average amount under the use of the salt, was 54 ounces, of average sp. grav. 1·019. Within the last few days I have been informed by my friend Mr. Menzies, one of the surgeons to the city poor, that the disease re-appeared a short time after the patient left the hospital.

Case v. Eczema impetiginodes. Rachel M'Allister, æt. 31, single, dye-worker, admitted 19th January, 1850. This case was so similar to the fore-

going, that I think it unnecessary to transcribe the details. There was no febrile exacerbation, however, in this case as in the former, the pulse on admission being 84, the tongue moist, and the skin cool. Amount of urine voided during the first twenty-four hours—no medicine having been given—was 32 ounces, of sp. grav. 1·013. She was put on the usual treatment, and subsequently, the average quantity of urine was 78 ounces, of average sp. grav. 1·016. She left the hospital all but cured on the 2d March.

Case vi. Psoriasis, with Extensive Desquamation of Cuticle. Wm. Dorrington, æt. 28, tailor, single, admitted 14th December, 1849. Patient was treated in this house four years ago, for an affection similar to the present. On admission, the skin of the face was dry and covered with white scales, giving the appearance as if a quantity of flour had been applied. There was also extensive desquamation on the back and arms; the lower extremities, from the knees downwards, being red and somewhat swollen. The gums were slightly tender, which the patient ascribed to the slight use of mercury before admission. As this man was considerably debilitated, I deemed it advisable to improve his general health before having recourse to the Acetate of Potash. Accordingly, for a few days after admission, he was ordered nutritious diet, and the citrate of iron and ammonia His condition being ameliorated by these means, he began the use of the Acetate of Potash, combined with infusion of gentian, which treatment was continued till he left the hospital cured on the 23rd January, 1850. Duration in hospital, one month and nine days. No record kept of urine. When this patient was treated in the hospital for a similar affection four years ago, he remained there for thirteen weeks.

Case vii. Eczema rubrum. George Morris, æt. 39, weaver, married, admitted 29th November, 1849. A small patch of vesicles was situated on the inside of the right forearm, a little above the wrist. This eruption had appeared about two weeks before, and was attended with considerable prurigo, and when scratched, gave exit to clear fluid. An eruption of about twelve months' standing was situated on the lower extremities, from a little below the knee downwards. This was stated to have commenced in exactly the same manner as the eruption on the arm; it had a bright red appearance, and the affected surface, especially if scratched, exuded a clear fluid. General health good. Acetate of Potash was administered as usual; and the amount of urine, which, during the first twenty-four hours after admission, amounted to the unusually large quantity of 4½ pounds, or 72 ounces, speedily and steadily increased, till on one occasion it rose to as high as 11 pounds, or 176 ounces. Under the use of the salt, the average quantity was 120 ounces, of average sp. grav. 1·012. It ought to have been stated, that the sp. grav. of the 72 ounces voided before any medicine was given, was 1·016. This man was dismissed cured on the 22d December 1849, having been in the hospital three weeks and two days.

Case viii. Psoriasis palmaris Michael Dyer, æt. 14, admitted 29th January 1850. This was a case of psoriasis palmaris of five months' duration, and is presented merely because the patient, being a boy of only fourteen years, took less Acetate of Potash than the usual quantity, the medicine having been given in doses of 10 grains thrice daily. The average quantity of urine voided under the influence of the salt, was 56 ounces, of average sp. grav. 1·017. He remained in the hospital five weeks, and was then dismissed cured.

Case ix. Lepra vulgaris. J. B., aged 15½ years, flesher's apprentice. Five years and eight months ago, an eruption appeared on his hands and head, at first red, and afterwards covered with white shining scales. He was put on the use of vegetable tonics, without benefit, and afterwards sent to sea-bathing, where he remained only a few days, until he was completely covered with the eruption. He was then removed to town, and placed under the care of a medical man, who prescribed the warm bath every night, and the use of

various ointments, some of which were supposed to contain some preparation of mercury. This treatment had little or no effect. The bed-clothes were filled with white scales in the morning. After a considerable interval, he commenced the use of Fowler's solution, and continued it until he had taken several ounces with no benefit. Eight months ago, he began to use the iodide of starch, and continued it for about four months with slow improvement. About the beginning of October last, the appearance of his hands and face was so repulsive, that he was about to be dismissed from his employment. About the beginning of December last (1849) he was seen by me, when I suggested a trial of the Acetate of Potash. The suggestion was adopted, the boy began gradually to improve, and by the end of January, the eruption had entirely disappeared, and has shown no symptoms of return up to the 16th March, 1850.

Remarks. Two circumstances are worthy of notice in these cases, viz: 1. The comparative shortness of the duration of the individual diseases, in pleasing contrast with the proverbial inveteracy of skin-diseases in general: and 2. That the benefit produced in these cases was entirely attributable to the Acetate of Potash. The alkaline warm bath, and fomentation of the affected extremities, were employed pretty generally, in the acuter cases always; but, with the exception of blood-letting in Case IV, of the cathartodiuretic mixture in Case II, to subdue general plethora, and the iron and gentian in Case VI, no other medicine was administered than the Acetate of Potash.

Dr. Easton next proceeds to consider the more prominent effects of the medicine, and how far these may be held to indicate its physiological action, and to explain its remedial efficacy.

1. The administration of the salt was followed by a great increase in the amount of urine. Making allowance for differences in season, and in the state of the atmosphere, and for other causes which are known to influence the secretion of urine, the average quantity voided during twenty-four hours is about 40 ounces, or 2½ pounds. Now, the smallest amount of urine which was voided in the cases under review, was 54 ounces, as in Case IV; while the greatest was 7½ pounds, or 120 ounces, as in cases III and VII, there having been, in the case in which the amount was lowest, an increase of 14 ounces; and in those cases in which it was highest, an augmentation of 80 ounces, over the ordinary quantity. These facts speak conclusively as to the diuretic power of the Acetate of Potash. But the term diuretic is of vague signification; at all events, two very different results follow the administration of different classes of remedies, both which are comprehended under the general appellation of diuretics. Thus, some of these increase merely the amount of the *water* of the urine; others, the amount of its *solid constituents*,—urea, lithic acid, and the salts. Under the former, may be ranked broom, juniper, squill, digitalis, and, to use the language of Dr. Golding Bird, "all those agents which, out of the body, exert no chemical effect on animal matter". Such substances, which Dr. Bird calls renal hydragogues, appear to influence exclusively the Malpighian bodies of the kidneys,—that delicate expanse of capillaries which, as has been shown by Mr. Bowman,[1] separate the water that is discharged from the blood by the renal glands. The facts submitted, then, warrant the conclusion, that the Acetate of Potash increases the water of the urine,—in other words, that it acts as a renal hydragogue.

2. Acetate of Potash possesses also the property of increasing the quantity of the solid constituents of the urine, in so remarkable a degree, as fully to entitle it to be considered a renal alterative or blood-depurant, as well as a renal hydragogue. The elimination from the blood of the solid constituents

[1] Philosophical Transactions for 1842.

found in the urine, may be considered the function of the kidney *par excellence;* for, while this gland undoubtedly separates superfluous water from the circulating mass, it cannot be said to possess a monopoly in that respect, seeing that superfluous water is likewise discharged by the lungs and the skin. But it is specially the office of the kidney, as well to de-acidify the blood, as to rid it of redundant nitrogen,—effecting the former of these objects by loading the urine with acid salts; the latter, by elaborating and excreting urea and lithic acid. Accordingly, the amount of these nitrogenous compounds in the urine, both of which, according to Dr. Bird, are produced from the metamorphosis of nitrogenised elements of worn-out tissue or mal-assimilated food, may be assumed as a measure of the amount of the destructive assimilation of nitrogenised tissues or other matters in a given time; for it may be regarded as a general exceptionless fact, and be enuntiated with the emphasis of a general law, that all soluble matters in the blood, which are either not able, or are not needed, to contribute to the growth and reparation of the tissues, are ejected by the kidneys. Now, while the investigations of Mr. Bowman[1] have shown, as already stated, that the Malpighian capillaries separate the water of the urine, it has also been established by the same distinguished physiologist, that the separation of the solid constituents, or peculiar urinous principles, is effected by the cells which line the tortuous uriniferous tubes, exercising their secreting power for that purpose on the blood of the portal capillary plexus, with which the bodies of these tubes are in intimate contact.[2] The amount of these urinous principles influences, of course, the density of the urine; and while the exact amount of them, which is voided in a given time, can only be determined by a quantitative analysis of that fluid, still, by attending to its specific gravity, we can ascertain whether they be above or below the normal amount. The specific gravity of water being estimated at 1·000, that of healthy urine ranges, as is generally understood, between 1·015 and 1·025; but, from a very painstaking and very extensive observation of this matter, Dr. MacGregor has come to the conclusion, that 1·016 most correctly expresses the specific gravity of healthy urine. If, then, 40 ozs. of urine, of sp. grav. 1·016, be voided on an average in twenty-four hours, is there any mode, short of performing a quantitative analysis, by which we can estimate, more precisely than by merely contrasting the difference between 1·000 and 1·016, the waste of tissue which has taken place during that period? On this point, Dr. Bird supplies practically important information. After urging the necessity of ascertaining the integrity of the blood-depurating function of the kidney, and acknowledging, at the same time, the practical difficulties of doing so by evaporating the urine to as dry an extract as can be obtained, he calls attention to the advantages presented by the more rapid and easy determination of the quantity of solids from the specific gravity of the urine, and then subjoins a table, which he has constructed, for the purpose of ascertaining that point. The peculiarities and the mode of applying this table to practical purposes, will be best gathered

[1] Philosophical Transactions for 1842.

[2] The views of Mr. Bowman regarding the separate functions performed by the Malpighian bodies, and the portal capillaries which issue from them and invest the tubes, are supported by the anatomical arrangement—first pointed out, I believe, by that gentleman—of the renal vessels in the boa constrictor. (*Philosophical Transactions*, 1842.) Additional evidence of the accuracy of Mr. Bowman's opinion has been adduced, incidentally, in a paper by Dr. George Johnson, in vol. xxx of the *Medico-Chirurgical Transactions*, 1847, in which Dr. J. remarks: "Within the last two months, I have examined the kidneys of two persons, who died jaundiced, and in whose urine there had been a quantity of bile. Many of the urinary tubes were stained of a deep yellow colour, by the bile in their epithelial cells. This yellow colour ceased abruptly at the neck of the Malpighian bodies, and in no instance did I observe it in the Malpighian bodies themselves."

from the following sentences :—"Thus, if the specific gravity of any specimen of urine be expressed in four figures, the two last will indicate the quantity of solids in a fluid ounce of the urine, within an error of little more than a grain, when the density does not exceed 1·030 ; above that number, the error is a little greater. To illustrate this, let us suppose that we are called to a patient, the integrity of the depurating functions of whose kidneys we are anxious to learn. The quantity of urine excreted in twenty-four hours amounts, we will suppose, to three pints, or sixty ounces, and the density of the mixed specimens passed in the time alluded to is 1·020 ; now, we merely have to multiply the number of ounces of urine by the two last figures of the specific gravity, to learn the quantity of solids excreted, or $60 \times 20 = 1200$ grains." We may now see how far the function of the kidneys was influenced by the Acetate of Potash in the cases under consideration ; in other words, to what extent the *solid constituents*, as well as the *water*, of the urine, were increased by that salt. In the cases in which least urine was voided—being 54 ozs. in the lowest (Case IV), and 56 ozs. in the second lowest (Case VIII), the specific gravity was respectively 1·019 and 1·017 ; while in those in which the amount was highest, the specific gravity was 1·012 in one of them (Case VII), and 1·014 in the other (Case III)—the average quantity voided by each of these patients having been 120 ozs. To those who take but a superficial view of this matter, the results just stated in reference to the specific gravity in these cases—particularly in reference to that of the two last—may appear inconsistent with the statement, that the Acetate of Potash increases the solid constituents of the urine, and thereby promotes the depuration of the blood. If such be the case, why, it may be asked, is the specific gravity not above the normal standard, instead of being below it ? A moment's reflection will explain the reason, and show that the salt under consideration acts powerfully in promoting the elimination of those peculiar urinous principles, which result from the secondary destructive assimilation of effete tissues, mal-assimilated food, and all abnormal products of low vitality and imperfect organisation. In all the cases, the amount of water holding these solid constituents in solution was materially—in Cases III and VII enormously—increased ; and it must never be forgotten that, if the *same amount* of solid matter be dissolved in a larger or smaller quantity of water, the specific gravity will be proportionally lower or higher. Thus, when the menstruum is much increased, the specific gravity may not be above the normal standard, and yet the activity of the kidneys, as blood-depurating organs, may be very great ; for with the increased amount of water, there is washed out from the blood an increase of the solid urinous constituents also. Connecting this fact, then, with Dr. Bird's table, we shall find that, when 54 ounces of urine were voided, of the sp. grav. 1·019, as in Case IV, the blood was depurated to the extent of 991 grains in twenty-four hours ; while, when 120 ozs. were passed, of the sp. grav. 1·011, as in Case VII, the separation of salts and waste of tissues, as indicated by the criterion of the specific gravity, amounted to 1440 grains in the same period. These results furnish abundant evidence of the power which the Acetate of Potash possesses, in promoting the metamorphosis of tissue, thereby increasing the solid constituents of the urine, and proportionally depurating the blood.

III. This salt is also itself altered in its progress through the organism ; it being well known that the salts of the vegetable acids are all converted in the system into carbonates, and are found as such in the urine. Now it is susceptible of proof, almost of mathematical demonstration, that the benefit derived from the Acetate of Potash in skin-diseases, is owing substantially to its being converted into the carbonate of that alkali. But, before adverting to this change, there are some circumstances connected with the action of the carbonate of potash that require to be noticed. That the carbonate of potash can exercise a transforming influence over organic compounds out of

the body, is undeniable. Thus, albumen, digested with an alkali, is broken up into secondary compounds, yielding leucine, formic acid, and the bodies allied to gelatine, called protid and erythroprotid. In like manner, casein is broken up into tyrosin, leucine, valerianic acid, and other substances. These being some of the effects which this salt produces out of the body, is it too much to presume, with Dr. Golding Bird, "that, when we cause an alkaline carbonate to circulate through the blood, it exerts an influence on the nascent elements of those matters less highly influenced by life, allied to that which it exerts on dead matter, aids their resolution into substances allied to those produced out of the body, and actually causes the matter to assume so soluble a form as to allow of its ready excretion?" This notion may be objected to as savouring of materialism, and as tending to lower the controlling influence of the vital principle from its high place in the creed of the physiologist as a cardinal doctrine of his faith. But every one knows that, so long as the body is endowed with the vital principle, it can resist, in manner most mysterious, those humbling alterations, which so speedily ensue when, separated from its nobler associate, it becomes the subject of resistless change and elemental resolution. Chemical affinity can effect great changes—but it is not omnipotent; for where is its potency, when the acid gastric juice is not permitted to prey on the living stomach, and what power is it, but life itself, which gives to that otherwise unprotected organ a perfect immunity from such a corrosive fluid? But it can scarcely be doubted, that the vital force is not the sole agent in producing the chemical phenomena of life; or that, in bodies of low vitality and imperfect organisation—such as the noxious matters which are produced in the system by disease—the laws of chemical affinity, or of chemical tendency rather, as Dumas expresses it, are uncontrolled. If proof were needed to establish this point, it might be derived from the circumstance, that many compounds, as urea, valerianic acid, etc., which, at one time, were supposed to result entirely from unseen processes in the laboratory of nature, and to be incapable of being formed by any other, are now elaborated with ease by the manipulations of the chemist.

But it may be asked, if the beneficial results be owing to the circulation of the carbonate of potash in the blood, why not administer the carbonate from the first, rather than trust to its production in the system from the decomposition of the acetate? The answer to this objection is found in the fact, that the exhibition of the carbonate, as carbonate, does not produce the effects which follow the administration of the acetate. No doubt, the urine may be rendered alkaline by the use of the carbonate, and the aggregate quantity of the excretion may be somewhat increased—in short, the carbonate may alter the reaction of the urine, may act occasionally as a renal hydragogue, but very inefficiently as a renal alterative.[1] We may then legitimately conclude, that the physiological action and therapeutic efficacy of the acetate are connected in some manner—unknown at present—with the metamorphosis which takes place in itself. With the view of elucidating this matter, it may be advisable to look at the chemical composition of the acetate, and the difference which exists between it and the carbonate. Putting the base out of view, we find that acetic acid is composed of $C_4\ H_3\ O_3$;

[1] While conducting a series of experiments, with the view of establishing this point, my zealous clinical assistant, Dr. James Wallace, observed, in two cases, that the urine contained copious deposits of the triple phosphate, and, what is singular, that these appeared immediately after the use of the acetate had been stopped. These deposits were probably owing to the urine, now diminished in quantity by the withdrawal of the salt, being no longer able to hold the phosphate in solution. Be this the explanation or not, the observation of such deposit is of practical interest, and imposes the necessity of examining the urine microscopically in all cases when giving the acetate, and immediately to intermit its use when a phosphate makes its appearance.

and that carbonic acid is composed of $C\ O_2$. Now, as the hydrogen and oxygen are in equal proportions in the acetic acid, it is clear that these elements will unite to form water, and will leave, consequently, four atoms of free carbon to unite with any body for which it has an affinity. But we are not left in doubt as to the individuality of the body with which the carbon combines; for we find that carbonic has been substituted for acetic acid; and this could only have resulted from the union of carbon with oxygen. We know, further, that eight atoms of oxygen must have been furnished, to convert the four equivalents of carbon of every atom of acetic acid into carbonic acid. The changes which acetic acid undergoes will be made more apparent from the subjoined diagram:

CONVERSION OF ACETIC ACID INTO CARBONIC ACID AND WATER.

1 eq. Acetic Acid	-	C_4	O_3	H_3	4 eq. Carbonic Acid	-	C_4	O_8	—
8 eq. Oxygen	- - -	—	O_8	—	3 eq. Water	- - - -	—	O_3	H_3
Total	- -	C_4	O_{11}	H_3	Total	- -	C_4	O_{11}	H_3

It becomes a matter of great interest, then, though unfortunately one of great difficulty also, to ascertain whence this large amount of oxygen is supplied. Any opinion on this point, must, in the present state of our knowledge, be purely conjectural; yet we may hazard a few speculations on the subject, which, though they may not carry conviction, may excite inquiry, elicit discussion, and perhaps conduct to knowledge.

There are only three sources whence the oxygen can be furnished—from the food, the atmosphere, or the organism; including, by this last term, all the products, normal and abnormal, which exist for the time being in the system. For obvious reasons, there was no great likelihood of the oxygen having been derived from the food of the patients. It is the opinion of Liebig, that the salts of the vegetable acids, which are converted in the system into carbonates, obtain the supply of oxygen necessary for the purpose during respiration. This, however, is merely an opinion—certainly not supported by demonstrative evidence, and not even by a reason *why* these salts should appropriate oxygen in their passage through the lungs; and there are one or two circumstances which are entitled to consideration as militating against it. In the first place, the speculation assumes that the decomposition and reconstruction of these salts are effected in the lungs, and leaves out of view the more likely influence of digestion. Again, this opinion presupposes a greater activity of the respiratory process, while such salts are making the transit of the lungs—an event not appreciable, certainly, by any increase in the number of the respirations. And, if more oxygen be not withdrawn from the air, and it be maintained, notwithstanding, that the supply of the gas necessary for converting acetates, etc., into carbonates, is furnished during respiration, then the advocates of that opinion are shut up to the conclusion that, in order to effect the alteration of certain salts, some part or parts of the organism are deprived of a portion, or, for anything we know to the contrary, of *all* their oxygen,—a procedure scarcely in accordance with the general tendency of nature's operations. A theory at least as plausible as this, and one as much in unison with ascertained facts, can be constructed, by supposing that the necessary oxygen is derived from the organism itself. That the effete portion of the organism is being continually disintegrated and resolved into a variety of new forms in the capillary laboratory of the system, is well known and undeniable; is it too much, therefore, to suppose that, amid these ever-varying transitions, a vegetable acid may be broken up and altered, by being brought within the sphere of nascent oxygen, evolved from compounds yielding to the resistless influence of the secondary destructive assimilation? But the solution of this interesting problem in the chemistry of therapeutics must be left to future observers.

OXIDE OF SILVER FOR THE EXPULSION OF TAPE-WORM.

Mr. H. T. Whittell, of Birmingham, suggests, in the *Lancet* for June 29, the use of Oxide of Silver in cases of Tape-Worm. He says: "I am induced to suggest this remedy in consequence of having seen, in two cases under my care, the most beneficial results from its employment; and, so far as I may form an opinion from so small a number of cases, I am disposed to prognosticate a favourable issue from the trial. The first case which came under my notice, was that of a female of middle age, who, at different times, for the space of about ten months, had been under my care, complaining of various anomalous symptoms, which were supposed to arise from the presence of worms in the intestinal canal. I administered turpentine, on two different occasions, for three successive mornings; but although slight benefit was obtained on each occasion, I only succeeded in bringing away some few joints. At the end of the tenth month, I had occasion to prescribe for this patient, who was then suffering from menorrhagia, one grain of the oxide of silver three times daily, with an ounce of mixture containing six drachms of bitartrate of potash in the half-pint. After she had taken the fourth dose, I was agreeably surprised to learn that she had evacuated a large quantity of tape-worm, and that she felt better than she had done for many months previously. After this time she remained free from the symptoms she had before manifested for some nine or ten months. A few weeks ago, she again applied to me for a repetition of the dose; the oxide was again given, with the same effect as before. In both instances, the worms were dead when passed.

"The second case is that of a married lady, who came under my care a short time ago, complaining of dyspeptic symptoms. She explained to me that she had suffered from tape-worms for some years, and had taken occasionally medicines, with the view of their removal, but she had never taken turpentine. I prescribed one grain of the oxide three times daily, with a mixture of bitartrate of potash as a purgative. After the third dose, she passed a large mass of the worm, and continued to do so for one or two days afterwards, during the use of the remedy. Marked alleviation of the symptoms was the result. In this case, as in the former one, the parasite was dead when passed.

"Although nothing conclusive can be obtained from these two cases, I think the effects so marked in each, that it would be well for some gentleman, who has a large public practice, to endeavour to ascertain what may be the value of this agent in the cases named; and, if found as successful in other hands as it has been in the two cases given above, the oxide will prove to be an invaluable remedy in cases which, at the present time, we all find to be sufficiently perplexing."

FEVER IN HOSPITALS AND OUT OF THEM.

Dr. James Adams of Glasgow has published, in the *Monthly Journal of Medical Science* for August 1850, a valuable statistical paper on the above subject. We extract from his communication a summary of results, referring our readers to the original paper for the statistical evidence forming the groundwork of his remarks.

The chief conditions likely to affect the mortality in fever are, 1. The type of fever; 2. The sex and age of the patients; 3. The duration of illness prior to coming under treatment.

Allowing for the circumstance, that many of the more severe cases of continued fever, in the practice of district surgeons, are described as typhus, it is still abundantly evident, that the number of cases of typhus, or the malignant form of fever treated in hospital, does not exceed the number treated in out-door practice.

The greater mortality of fever in hospitals over out-door practice, is not owing

to an excessive proportion of cases of that sex (male), and at those periods of life, in which fever proves most fatal.

The mortality from fever, both in hospital and in out-door practice, is lessened when the cases are brought under treatment at an early period of the disease. But the greatest proportion of cases are brought under treatment at as early a period as could be reasonably anticipated. Moreover, statistical evidence, as well as personal testimony, shews that no unnecessary delay takes place on the part of the district surgeons, in sending their cases into hospital; for fully *one-third* of the cases thus sent into the Glasgow Fever Hospitals, were sent within a few hours of being attacked, and not more than a tenth are removed to hospital after the third day from being first seen. Both in out-door and in hospital practice, the mortality steadily increases with the lateness of the period at which the patients are first seen; but the rate of mortality in hospital is so disproportionately large, from the very commencement, that, although all the cases treated there had been received within the first few days, the gross mortality would not be greatly diminished.

The aggregation, in one building, of a number of human beings in a state of disease, re-acts with deleterious influence, and lowers the general tone of vitality of the whole inmates. In 1847, the ratio of mortality increased and diminished simultaneously with the increase and decrease of the number of patients in the Glasgow Royal Infirmary. The mortality in the temporary hospitals was less than in the infirmary; but it would probably have been equal, if the buildings had been previously occupied as fever hospitals, and their wards impregnated with miasmata engendered by long concentration. The structure of these buildings, which were temporary wooden sheds, and were consequently well ventilated, also probably had a salutary influence.

Some influence must also be ascribed to the moral effects upon the weakened mind of a patient, who finds himself suddenly removed from his friends, and tended by strangers, and surrounded by the dying and the dead of the hospital ward.

The mere transference of fever patients to hospital, has an immediate effect on the general mortality. From statistical evidence, it is shewn, that while the ratio of mortality is regular and progressive in out-door practice, there is in hospital an irregularly and suddenly increased proportion, who die within the first few days after their admission, and prior to the critical period. Dr. Adams has "been told of patients dying on their way to the hospital; of others, who, on their arrival, were in such an extreme state of exhaustion, that there really was not time to have their names transferred to the medical books ere they expired; and he has seen entries in fever hospital books of patients, who, on their arrival, were placed in the *customary warm bath*, and who actually 'died in the bath.!'"

Fever hospitals are in many respects injurious; but they are necessary evils, and Dr. Adams would even approve of their number being increased in Glasgow, provided that the barriers which prevent the prompt and free admission of patients were done away with. "I would approve", he says, "of the erection of *district hospitals* (as first recommended by Dr. Cowan), small, unpretending edifices, capable of accommodating fifty or sixty patients, and established in those situations where fever is known most to prevail. Cases do occur—and will, it is probable, always occur—where, but for the fever hospital, our senses would be outraged by the spectacle of the sick, miserable poor, clogging our streets and bye-lanes, and dying unrelieved, under circumstances which precluded the possibility of effectual relief being afforded. A readier admission into hospital would secure a larger proportion of early cases,—an increased number of hospitals would lessen the distance which the fever patient is to be carried, and so far lessen the exhaustion, and consequent risk, incurred by the fatigue of removal,—while the increased accommodation made available, would lessen the dangers connected with overcrowding, defective ventilation, and a necessarily vitiated atmosphere."

PARALYSIS OF THE BLADDER TREATED BY STRYCHNINE.

Case I. A man, aged 68, one day indulged, contrary to his custom, in excessive drinking, and returned home in the cold very late at night. On experiencing a sudden desire to pass urine, he was astonished to find that his efforts were unavailing. The next day, the catheter was passed by M. Lecluyse. Numerous medicines, among which were copaiva, turpentine, stimulant diuretics, cantharides, and ergot, were tried without effect. M. Lecluyse then administered strychnine, of which the dose was gradually increased to five centigrammes (.77 of a grain) in the day. This induced spasmodic contractions of the trunk and limbs, but the bladder remained unaffected. Its use was then intermitted for a fortnight, at the end of which time M. Lecluyse resolved to try its effect in injections. He dissolved thirty centigrammes (forty-six grains) in a little alcohol, and further diluted it with five hundred grammes (about sixteen ounces) of water. Of this he injected, on each of four occasions, thirty grammes, having previously emptied the bladder. The organ at first seemed insensible to the remedy; but, in a few days, the patient found that the urine escaped from between the catheter and the urethra. On removing the catheter, the patient found himself enabled to pass urine in the natural manner. The affection has not returned. [*Journal des Connaissances Médico-Chirurgicales*, 15 April, 1850; from *Annales de la Soc. Méd. d'Emulation.*]

Case II. In a case of Paralysis of the Bladder, following concussion of the spine produced by a fall on the back, strychnine was administered, by the endermic method, fourteen days after the accident. A quarter of a grain was sprinkled twice daily on denuded surfaces on the arms and legs. In two minutes, painful contractions of the extremities were produced. The strychnine was increased to three grains per day in a week, and to four grains in a fortnight. The contractions of the limbs became more violent; and, on the twenty-fifth day, the urine began to pass freely. The patient has remained cured for four years. [*Ibid.*, 15 June, 1850; from *Medicinisches Correspondenz-Blatt Bayerischer Aerzte.*]

DR. C. FLEMING ON A PECULIAR FORM OF GLOSSITIS.

In a paper on Diseases of the Tongue, published in the *Dublin Quarterly Journal of Medical Science* for August 1850, Dr. Christopher Fleming describes a form of inflammation, comparatively rare, but deserving of notice from the special symptoms attending on it. It is an *inflammation, circumscribed or diffused, originating in the loose areolar tissue between the genio-hyoglossi muscles;* commencing first like ordinary Glossitis, but soon characterized by peculiar features. It generally attacks adults. Dr. Fleming has seen it once or twice, in a mild form, in children, but probably not as a primary affection. It is isolated, and apparently idiopathic.

The Symptoms of the affection are thus described by Dr. Fleming:

The first symptom is that of uneasiness in the movements of the tongue, and the sensation as if there were a lump or ball at its base, which creates a desire for frequent acts of deglutition. In its earliest stage, the motions of the jaws are painful and much curtailed. These local symptoms are soon accompanied by ordinary symptomatic fever, usually of the sthenic type, yet not unfrequently assuming the typhoid or asthenic character. Another train of local symptoms, in the vicinity of the affected organ, also supervenes. There is fulness under the chin, between it and the os hyoides, giving the appearance of a double chin. Pressure here, especially near the os hyoides, is very painful, and often leaves a dimple of œdema in the integuments, which, in other respects, are healthy-looking. Should the case advance without interference, the countenance assumes a peculiar aspect. Articulation and deglutition are more and more interfered with, and, at last, almost wholly

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obstructed; the voice is guttural, and the saliva dribbles over the chin. The integuments now become more engaged, and gradually assume a diffused red appearance, circumscribed or otherwise, according to the stamp of the inflammation. The swelling, in some cases, spreads laterally, so as to occupy the whole fore part of the throat; and, in some rare cases, an attempt at pointing is manifest, and in others, still more rare, an absolute gangrene of the integuments takes place. Of this, I have seen but one case. These symptoms, though severe, are the least important. Independent of the prostration attendant on the fever, on the impeded respiration, and on the loss of power of deglutition, the risk from mechanical pressure on the epiglottis is seriously to be apprehended. Suppuration advances; and, whether circumscribed or diffused, tends towards the base of the tongue. It dissects the extrinsic muscles, injures the periosteum, and lays bare the inferior maxilla. If the inflammation be diffuse, the fever will probably destroy the patient long before the local symptoms have reached their acme.

The Diagnosis cannot be difficult, if the prominent features of the case are borne in mind. The sensation of fulness at the base of the tongue, the tenderness on pressing its dorsum, the gradually-limited motion of the jaws, the fulness and tenderness under the chin, the increase of that fulness, ultimately and rapidly complicating the integuments,—all these local symptoms, combined with severe constitutional disturbance, can leave little doubt as to the nature of the case.

The Treatment is simple, but must be decided. In the first stage, ordinary antiphlogistic remedies may be employed, and great relief will be obtained from free leeching under the chin; but should the symptoms not yield readily, or the case not be seen till an advanced stage, no means can compete with an incision in the median line, through the integuments and fasciæ under the chin, and fairly through the raphe of those muscles which delay the advancement of the suppurating process. Here free incisions must be made; and the passage of the finger through the wound, to a considerable depth, will discover the muscles flabby and detached from each other, and the interstices filled with purulent matter, occasionally very fetid. The after-treatment and progress of the case must be obvious. Should the periosteum have been engaged, and the bone denuded, a proportionate delay will take place in the reparative process, and more than probably exfoliation will occur.

DR. C. FLEMING ON TUBERCULAR AFFECTION OF THE TONGUE.

The following is a further extract from the paper by Dr. Fleming, on Diseases of the Tongue, above referred to.

"Cases are occasionally met, where the tongue is studded with Tumours, apparently developed in its substance, and gradually extending towards its upper or lateral surface, or both. These tumours grow imperceptibly, and acquire some size before they attract attention. Of this, the following cases are examples:

"Case I. M. D., a married woman, aged about thirty years, applied to me complaining of all those sensations attendant on diseases of the mouth,—painful deglutition, rendered more so by any stimulating or solid food, and a feeling on the tongue as if it were blistered. Her mouth was always filled with saliva, often distressingly and profusely, especially during sleep; her articulation was painful and thick, and her health was breaking down, as well from this ailment as from the mental anxiety attendant on its obstinate resistance to treatment. Various gargles had been recommended, and various remedies used, without benefit; and she was pallid, anxious-looking, and attenuated. On examining the mouth, the tongue, at its apex, and extending an inch or so towards the dorsum, was full, irregularly swollen, and the mucous membrane abraded in small patches, both on its upper and under aspect. Some of these patches were clean and raw-looking, while others were

covered with a whitish tenacious substance. On touching them with the finger, tumours, about the size of ordinary garden peas, could be felt, corresponding with each abrasion; others, again, were to be found imbedded in the substance of the tongue. No other morbid lesions could be detected, and no ground existed for the slightest suspicion as to syphilitic taint.

"Case II. Thomas Hayden, aged 35, an hostler, dates the affection of the tongue, under which he labours, to April 1849. It then commenced in the form of a blister, and he was disposed to attribute it to smoking. He had medical advice from a practitioner in his neighbourhood in the country, by which he was temporarily relieved; after four or five months, he came to town, the disease in the interim having gradually advanced to its present stage. He is a married man, and has healthy children. About four years back, he had gonorrhœa, but he never had any venereal sore, excoriation, or bubo. His health is good, and he is free from any additional ailment.

"When the man presented himself to me in the month of August, he stated that his tongue was his sole complaint, that he felt it full and too large for his mouth, that its motions were painful and stiff, and its several functions impaired. He was obliged to use fluid or soft nutriment, and to avoid anything stimulating. He was much annoyed with the profuse secretion of saliva, and has occasional lancinating severe pains in the ears, and along the back of the neck, darting towards the temples. He had no disagreeable discharge from the mouth, and was free from much pain if he avoided any local irritation. On questioning him closely as to the mode in which this disease commenced, he stated that he first felt a tumour in the tongue near its centre, about the size of a small marble; that a blister formed on its surface; that it ultimately ulcerated, and that a succession of these were superadded. The aspect of the disease was very formidable; the organ was generally hypertrophied, its central portion occupied by a deep ulcerated cleft, extending about an inch and a half in its longitudinal axis, and more than half an inch in depth, and branching off into irregular fissures on each side. The edges of the ulcerations were rugged and hard, and the surface was of a dirty white colour. The intervening portions of the tongue were of a fiery red hue, extremely tender to the touch, and almost devoid of any appearance of papillæ; on compressing the tongue between the fingers, isolated tumours of various sizes, from that of a pea to that of a horse-bean, could be distinctly felt; and both on its upper and under surfaces, the epithelium in the site of these tumours was abraded where ulceration did not exist. There was no evidence of any other lesion in the neighbourhood. The aspect of the man was as healthy as could be expected from the description of food to which he was necessarily limited, and he found himself fully equal to his work.

"The local treatment used was the occasional application of nitrate of copper, alternately with oxymel æruginis; and the constitutional remedies employed were blue pill, hemlock, and iodine, in combination with potash and preparations of iron. The improvement in the ulcer, from the application of the nitrate of copper, was rapid, and that before any effect could be calculated on from the other remedies. The cure, at one period apparently effectual, has since been retarded by returns of ulceration at irregular points of the cicatrices; but these were immediately checked by the nitrate of copper, and, I have no doubt, will ultimately yield to a persistence in the constitutional treatment suited to cases of the kind.

"Case III. P. G., aged 22, unmarried, a teacher in one of the National Schools, applied in March, 1850, with a disease of the tongue, which rendered his articulation so thick and so indistinct, as to cause him to dread the loss of his situation. To particularize his prominent symptoms, would be in reality little more than a recapitulation of those noted in the last case. The disease commenced about two months previously, in the shape of small kernels, as he termed them, in the substance of the tongue. These became identified

with the mucous membrane, which was abraded over some, and ulcerated over others, and they subsequently assumed their present character; the portion of the tongue in their interstices becoming swollen and painful. He had always enjoyed excellent health, and his general appearance was indicative of it. He had never been exposed to syphilis, and was free from any other local or general complaint. The only discernible lesion was that in the tongue. The left half of the tongue was hypertrophied, so as to project beyond the apex on that side; about its centre, approaching the median line, was a deep ulcerated cleft, with irregular edges, a foul surface, of a dirty whitish colour, with the sides firm and solid. The substance of the tongue around was full and swollen, and of a bluish pink colour. Its whole aspect was that of a formidable and painful disease, yet the latter character was comparatively absent. On compressing the tongue, small, solid, and fixed tumours were to be felt deeply imbedded in it; and on looking more accurately at both the dorsum and under surface, the epithelium could be seen abraded in one spot, the mucous membrane ulcerated in another, and in a third a small ulcerated slit, through which a probe entered and made its appearance in the cleft at the top. Each of these spots, when pressed on, gave the sensation of a hard pea, and they were similar in all respects to those mentioned above. I touched the ulcerated spots with nitrate of copper, directed in the intervals a borax wash, and put the man on iodide of iron and hemlock. This occurred on the 25th of March. I did not see him again until the 13th of April, when I find the following memorandum in my note book: 'Improvement most striking and most rapid. Nitrate of copper acted almost magically, and from merely one application; the benefit of the iodide of iron and hemlock most marked; he has taken of each about one drachm. The tubercles which were in progress have diminished in size and in consistence; and the seats of ulceration have in part absolutely healed, leaving their cicatrices smooth, and the adjoining structure of the tongue much softened, and less irregular.' On the 11th of May I find it noted, that the progress of the case was equally favourable, and all ostensible marks of the disease removed, under the same general remedies, with little variation as to dose; but, as in all the cases I have seen, it is curious enough that just at this stage there is a disposition to partial relapse.

"Remarks. I have selected the above cases, as being good illustrations of this Tubercular Affection of the Tongue. It is by no means a common form of disease; yet a year seldom passes, during which one or more cases will not be met with in extensive dispensary or hospital practice. In private practice, it is still more rare. It would appear to me to be a form of lupoid disease attacking the tongue. It is as insidious in its outset; it commences not unlike it, in the form of an adventitious deposit; its progress is equally protracted, and its cure deceptive; and it also bears a very striking resemblance to it in its comparatively painless character, when we consider its formidable-looking appearance, and in the perfect listlessness and apathy with which it is borne. I may add, moreover, that the similarity is not lessened by reflection on the treatment suited to both. Children and adults are most commonly the subjects of this affection, the former by no means as rarely as we might be disposed to think; and I have seen the disease in them in its most aggravated form, although the subjects of it have all the ordinary features of good bodily health, in the common acceptation of the term; yet there is often present some indication of the strumous diathesis. The symptoms are so fully described in the cases I have now narrated, that it is unnecessary to enter into further details. From them, it is evident that the tongue may be partially or wholly engaged, that the adventitious deposits may be single or otherwise, and that, in several stages, they will assume peculiar characters. The disease is not malignant; it is curable, but often very slowly so, and more especially when ulceration has been established. In the latter instance, the appearance of the organ when

healed is very characteristic; smooth, cicatrized sulci, totally devoid of even the semblance of papillæ, occupy the seats of the former ulceration, and are permanent there, dividing its surface into so many deep furrows of different shapes.

"This affection may be confounded with syphilitic or cancerous disease, and hence the surgeon should be on his guard. Its diagnosis from the former may be occasionally attended with some difficulty, especially in its more advanced or ulcerating stage; but, even admitting that the syphilitic affection should be a solitary symptom, which is rare, I think that attention to the rules laid down by writers must enable the surgeon to come to a proper decision. His mistake, if he err, will, however, be remedied by subsequent results, and the agents used are comparatively innocent, and are likely to be beneficial, in most instances, to both diseases. Not so as regards cancer; here his diagnosis is all-important, and requires the greatest circumspection. Respecting it, however, I am satisfied there can be no difficulty, if the main outlines of the affection to which I have alluded are borne in mind, especially its almost painless character and slow progress, and the trifling inroad it makes on the surrounding textures or on the constitution, even after a very prolonged duration.

"The treatment which I have found most successful, is that specified in the above cases; and the combination of iodide of iron with hemlock appears to be the best. In obstinate forms of the disease, some of the milder preparations of mercury may be requisite; but, in all, the means employed must be continued for a lengthened period. I have tried many local applications, and amongst others, the acid nitrate of mercury, but I have found none equal to the nitrate of copper. It is most invaluable as an application to this class of ulcer; and I may remark, that it will be found equally so in many of those small excavated ulcers of a semi-phagedenic character, which occur on the genital organs both of the male and of the female. It is a very deliquescent salt, and can be applied only in the liquid state. The surface of the ulcer should be well dried before it is applied, and afterwards covered with oil; and it should be borne in mind, as regards the tongue, that the superficial appearance of the ulcerated surface is often most deceptive, as the disease burrows very deeply. The best mode of fixing the tongue, for the purpose of applying the caustic, is by means of the fingers and thumb, a portion of lint, linen, or a towel being interposed, so that it cannot slip; and the best instrument for the application is a small piece of cedar, as prepared for paint-brushes, the ends of which may be covered with lint or French wadding, one end being dipped in the nitrate of copper, the other in the oil, whereby no delay or confusion can ensue."

DR. STOKES ON GANGRENE OF THE LUNGS.

In a paper on Gangrene of the Lungs, published by Dr. Stokes in the *Dublin Quarterly Journal of Medical Science* for February 1850, we find the following conclusions drawn by him, as apparently justifiable from the present state of our knowledge on this subject.

1. Gangrene of the Lung is met with under a variety of forms, differing from one another, not only in the duration and violence of their symptoms, but also in their relations to various local and constitutional diseases. 2. In a great proportion of cases, the disease is attended with putrefactive action engaging the necrosed portion of the lung, and affecting the secretions. 3. In the progress of a case, we may observe the septic action singularly variable. It is increased by over-stimulation of the system. 4. We cannot explain the symptoms in many cases of this disease, without assuming, either that a spot of mortification, so small as to be undiscoverable by physical means, causes severe symptoms, and is attended with super-secretion; or that a process of putrefactive secretion precedes, in many cases, the death of the lung. 5. Pain of the most extreme kind may attend this disease; and, in the remittent

form, may appear on each access of the affection with unmitigated violence. 6. The contact with air is not necessary for the formation of a gangrenous eschar or cavity. 7. Hæmoptysis commonly attends each access of the remittent disease. 8. In the earlier periods of this disease, auscultation and percussion often fail in detecting any signs of organic change; or if such be discovered, it appears incommensurate with the gravity of the symptoms. 9. In many cases, the evidences of congestion and parenchymatous infiltration seem to follow, rather than precede, the symptoms of gangrene. 10. Dexiocardia, from diminished volume of the lung, may occur in gangrene of the right lung. 11. Gangrene may attack a lung previously hepatized from ordinary inflammation, or in a chronic tubercular condition. 12. From the pre-existence of signs and symptoms of the stages of pneumonia, or from the early appearance of signs of excavation, we may be able to distinguish between fetid abscess of the lung and gangrene. 13. In certain cases of chronic bronchitis, the breath and expectoration may become fetid, and yet no gangrene appear to have formed. 14. The diseases, with which gangrene may be found complicated, are divisible into general and local affections; but its occurrence in the class of general diseases, termed putrid or asthenic, is much more rare than might be expected. 15. It is rarely observed in the typhus fever of this country, even where the secondary bronchial affection is intense; but in typhoid pneumonia it may be occasionally present. 16. It may complicate a previously existing disease of the lung, such as pulmonary tubercle, or an unresolved hepatization. 17. It may be directly induced by the pressure of a tumour on the nutrient vessels and nerves of the lung: so that, in cases of cancerous or aneurismal tumour, the patient may die, not from the extension of the original disease, but from its inducing a rapid mortification of some portion of the lung. 18. The disease, though always of a formidable character, is not necessarily fatal.

CHRONIC EMPYEMA CURED BY PARACENTESIS THORACIS.

Dr. Peddie relates the following case in the *Monthly Journal of Medical Science* for August 1850.

Case. R. N., aged 26, a picture-frame maker, was suddenly affected in January 1846, after complaining for some weeks of slight cough, with what he understood to be pleurisy of the left side. He was cupped and blistered, took mercury and iodide of potassium, and tried sea-bathing, but without benefit. He was admitted into the Minto-House Hospital on the 27th of October, 1846.

On admission, he was found labouring under very considerable debility, and distressing breathlessness, and palpitation on the slightest exertion. The left side of the chest was greatly enlarged; the intercostal spaces were filled up, and inspiration produced no movement of expansion on this side. Percussion on this side was universally dull, and especially stone-like beneath the mammary region; and not the least vocal vibration could be felt with the hand. On auscultation, bronchial respiration and bronchophony were distinctly and extensively heard; but there was no ægophony. On the right side, there was dulness on percussion and indistinct respiratory murmur in front; but the latter was clear and puerile in other parts. The heart lay between the sternum and mamma on this side, its apex striking the chest about an inch below and external to the nipple. The impulse and sounds were normal, except a very slight prolongation of the second sound, not amounting to a *bruit*. Paracentesis was considered to hold out the only prospect of recovery; and the operation was accordingly performed by Mr. Syme, and repeated by him and Dr. Peddie at various intervals. The instrument employed was a trocar, about one-eighteenth of an inch in diameter, and $2\frac{3}{4}$ inches in length. The parts selected for operation were different points,

between three and four inches external to the nipples, in the sixth and seventh intercostal spaces. The following table exhibits the dates of the operations, with the amount of purulent matter drawn off each time.

No. of Oper.	Date.	Drawn off in oz.	No. of Oper.	Date.	Drawn off in oz.
1	Oct. 31, 1846	21	7	Sept. 30, 1847	112
2	Nov. 7, —	50	8	Feb. 1, 1848	72
3	— 14, —	34	9	May 18, —	57
4	April 9, 1847	40	10	Aug. 19, —	37
5	— 15, —	26	11	Feb. 27, 1849	67
6	July 8, —	79	12	Jan. 4, 1850	26

Total amount removed ... ... 621 ounces.

Each operation was followed by improvement in the health and strength; and the configuration of the chest, and the respiration, underwent steady improvement. The left side regained at last some power of movement; and the heart was close to the sternum on the right side. In the three last tappings, some force was necessary to introduce the trocar, probably from the thickness and hardness of the pleura. The quantity of fluid, which was secreted at the rate of fifty-six ounces per month, from November 1846 to September 1847, came down gradually after the latter period, until, on the 4th January last, it had arrived at the rate of little more than two ounces per month. The fluid was sero-purulent at first, then pure pus; but, at the first tapping, a considerable amount of serum separated from the pus.

The patient considers himself cured, and has felt so strong and well, that he has married. He states that he is capable for any ordinary exertion, and can lie on either side without oppression of breathing: and he does not consider that there is any material change in the configuration of the chest, except slight depression of the shoulder, and a tendency to stoop, which he states to have existed before the inflammation occurred. Of course it must be admitted, that probably less than a third of the lung of the left side is fitted for respiration; that there is an enormously thickened pleura, with strong adhesions; and that the heart is permanently dislocated from its own compartment of the thorax. Notwithstanding this, the case must be considered as satisfactorily cured, since the functions of respiration and circulation are carried on compatibly with existence; the strength is re-established, and fully adequate for the duties of his calling; and, instead of feeling life as a burden, he is now in a condition, and is seeking, to enjoy it.

Dr. Peddie is in favour of performing the operation of paracentesis, as a general rule, whenever pus is detected in this way; and says, that the operation should be repeated from time to time. In the case of N., the fluid was at first drawn off in divided portions; but it was soon found, that the whole could be removed safely at once. To prevent the admission of air, he uses a very small trocar and canula, so that any large rush of air is impossible; he prohibits conversation during the flow of the fluid, so as to maintain equal and easy respirations, and prevent any suction power. The effects of admission of air have been much exaggerated; and the experiments of Nysten and Speiss prove that, when introduced into the pleura, it is removed by absorption in a few days. Dr. H. Roe, when he speaks of the difficulty of preventing the admission of air, if more fluid be withdrawn than can be replaced by the expanding lung, seems to Dr. Peddie to have overlooked the collapse of the thoracic parietes on all sides by atmospheric pressure.

In pointing out that this case showed very clearly the diagnostic marks of pleural accumulation, Dr. Peddie observes, that the duration or chronicity of the affection, may suggest the quality of the fluid contents of the chest, and thus form a valuable aid to diagnosis. A purulent product may be formed early in pleuritis; but then it is generally in unhealthy, strumous subjects, and the amount of fluid is not large. In the more chronic cases, many are no doubt purulent from the first; but it is probable that, in most cases, the membrane

has first secreted serum, then pus. This, Dr. Peddie thinks, may be proved from cases in which an early operation produced serum ; a second, serum with albuminous matter floating in it ; and a third repetition of the operation, sero-purulent matter, or true pus. The rapidity of this change will depend on the constitution of the individual.

Dr. Peddie thinks the following to have been the order of progress of pathological change and recovery in the case related. Layer after layer of adventitious membrane was formed on the pulmonary and costal surfaces of the pleura, especially the latter, adding progressively to their thickness : that, after each tapping, agglutination took place from above downwards, and that this, with a slight re-expansion of the lung, the ascent of the diaphragm, and a very complete collapse of the thoracic walls, effected obliteration of the cavity, with the exception of the supra-mammary and vertebral regions ; which were no doubt walled in by stout adhesions at a very early period.

MR. W. F. BARLOW ON CERTAIN REMARKABLE PHENOMENA OBSERVED AFTER DEATH FROM CHOLERA.

The occurrence of several interesting phenomena, in persons who died of Cholera, has been made the subject of the following communications by Mr. W. F. Barlow.

1. On the Muscular Contractions which are occasionally to be observed after Death from Cholera. (Read before the Westminster Society, Oct. 20, 1849 ; Med. Gaz., Nov. 9, 1849, p. 798, and *London Journal of Medicine*, Nov. 1849, vol. i, p. 1080.)

2. Observations on the Condition of the Body after Death from Cholera. (*Medical Gazette*, July 5, 1850.)

These papers have also been published in a separate form. The following is a brief abstract of Mr. Barlow's observations.

Muscular Contractions after Death. We gave, in the London Journal of Medicine for November 1849, an outline of the cases in which this phenomenon had been observed by Mr. Barlow. He, as well as others, have observed the voluntary muscles to contract after death, in such a manner as even to lead to the idea among the friends of the deceased, that the patients were not actually dead. He suggests the following inquiries, as forming fit subjects for investigation.

"Do the muscular movements happen exclusively in those cases where patients expire in 'collapse'? Are those persons most prone to them who sink with unusual rapidity, and suffer to an uncommon degree from cramps? Are strong and muscular persons especially subject to them? Do they more particularly affect the muscles, which were the chief seats of cramp in lifetime? What is the most usual time of their occurrence? What is the longest period known to elapse between death and their commencement? What is the greatest extent of their duration at present known? Can they be readily excited and aggravated? and, if so, what stimulants are most efficacious? In what proportion of instances do they occur? Supposing them to affect many parts, in what locality do they, generally speaking, first appear? Are they a renewal of those actions, which, during life, occasion the cramps whereby so many are tormented? or are they to be considered as *peculiar* movements occurring in the dead body alone?"

Mr. Barlow points out, that these movements must be distinguished from all actions artificially excited ; and, if they should be proved to be excited or aggravated by certain artificial stimuli, a distinction must be drawn between those which happen and those which are provoked. He believes them to be caused by a stimulus acting within the muscles, and to most resemble the spasms which occur during life in cholera. They resemble rigor mortis in at least one respect, viz. in affecting parts in *succession*.

Retention and Increase of Temperature. In a case which occurred at Bristol in October 1849, and on which an inquest was held, the following phenomena occurred after death. The account was given to Mr. Barlow by Dr. Green, Surgeon to the Bristol Infirmary.

"At 6 A.M., Oct. 13th" (five hours after death) "I saw the body. The skin was warm, limbs not rigid; features not collapsed. 6 P.M. The body was taken from the coffin, in which he had been screwed down; it was found still warm and in the same condition as in the morning. The entire body and extremities were then closely packed in saw-dust. *Oct.* 14. Had remained in the saw-dust; the warmth still continued; there was no rigidity; a vein in the arm was opened, but no blood came. 12 A.M. Tepid salt and water were injected slowly in a vein in the arm; powerful galvanic shocks were passed from the back of the neck, in the direction of the heart, for half an hour. The sawdust was then removed, and the body laid out in the usual way. 15*th.* Heat less. 16*th.* Body cool. 17*th.* Body quite cold; limbs rigid; appearance of decomposition over the abdomen. To be interred." The retention of heat was no doubt owing in some measure to the packing of the body in saw-dust; but it also appears that the corpse was very slow in cooling even when this was removed. The temperature was moderately low (45° to 60°), the wind east, the window open in the day time, and the body lightly covered. In deaths from other diseases, the most exposed portions cool most rapidly. Dr. John Davy, in his *Researches*, gives a case of death from pulmonary consumption, in which the temperature of the dorsum of the foot, eighteen hours after death, was 44°, while that of the central substance of the right lobe of the liver was 65°; the other internal organs being also of high temperature. The effect of covering must then be estimated: *imparted* must be distinguished from *self-generated* heat.

But the most curious matter is not the *maintenance* of temperance, but its *rise*. This may happen simultaneously with muscular contractions; but the occasional independent appearance of each shews that their occurrence at the same time is merely a coincidence, and that they cannot be supposed to stand in the relation of cause and effect. Neither is it likely, that putrefaction is the cause of the increase of heat; for the rise of temperature by no means keeps pace with advancing putrefaction. Mr. Barlow believes that "chemical changes, of which the chief is the formation of carbonic acid, go on in the body after dissolution, and give rise to that amount of temperature which is occasionally noticed." In reply to inquiries made of him by Mr. Barlow, Dr. Garrod has given the following opinion as to the cause of the rise of heat .... "I think that it is impossible, that putrefaction should have any share in the production of the phenomenon, as the time, at which it occurs, shows: and also the fact, that cholera bodies are not at all prone to decomposition. I conceive that the following must be the explanation: During the collapsed stage of the disease, the blood, from imperfect circulation, etc., is prevented from being properly oxygenised, and hence a venous blood is circulating in all the vessels of the body, accounting for the cold stage. After death, however, the blood in the superficial capillaries becomes acted upon by the oxygen of the external air, and the formation of carbonic acid, with the production of heat, ensues: this heat often, for a time, much exceeds in amount that which is abstracted by the cooling influence of the surrounding air. After death from most other causes, the blood having become oxygenated during life, no further heat is evolved, and the ordinary cooling process commences." If this view be correct, the skin would be probably found warmer than the parts beneath. This is in some measure confirmed by the experiments of Dr. Bennet Dowler, who, in his *Experimental Researches on the Post-mortem Contractility of the Muscles, etc.*, relates a case in which, five hours after death, the temperature of the brain was 93°, of the epigastrium 100°, of the chest 93°, of the thigh 99°; and another, in which, one hour and a half after death, the epi-

gastrium was at 106½°, and the brain at 101°.[1] With regard to this point also, Mr. Barlow suggests "that it would be interesting to know whether the augmentation of heat be invariably accompanied by change of colour, and whether those bodies become most elevated in temperature, which are most livid at the time of death. It would also be of moment to know the relative effects of exposing some parts to the air, and of keeping others, as far as possible, excluded from it." The changes of the blood in the capillaries may explain the maintenance of heat; but there the effect is purely chemical, the oxygen acting on the stagnant blood in the superficial capillaries in the same way as on a clot of blood drawn from the body.

Mr Barlow then draws a comparison between the embarrassment of respiration after division of the pneumogastric, and in cholera. In the former instance, impressions on the periphery of the nerve are useless, its trunk being disabled from conveying them; in the latter, the periphery cannot be properly stimulated. But also, in the first case, the blood is affected because of the impaired respiration; in the latter, the respiration suffers and labours because of the damaged blood. He then makes some observations on the subject of post-mortem increase of temperature, which, from the experiments of Dr. Davy in the hospitals at Valetta, and the researches of Dr. Dowler, he believes to occur much more frequently than we have any idea of. Injuries of the spine, especially, have been observed by M. Chossat, Sir B. Brodie, Dr. Gull, and Mr. Barlow, to be attended with increase of temperature. Yet Cruveilhier has observed dislocation of the atlas, with compression of the cord and hemiplegia, to be attended by a feeling of coldness.

We have yet much to learn of animal heat. In what cases heat absolutely rises after death, and in what also it rises *most*, remain to be ascertained. According to Dr. Dowler, the rise in question is not peculiar to cholera; and it is important that the subject should be investigated, both on account of its interesting relations to the signs of death, and also because it may give rise to important medico-legal inquiries.

Long delay of Rigor Mortis. Although, in the Bristol case, the retention of heat and absence of rigor mortis coexisted, yet it does not appear that there is any constant relation between them. M. Ollivier has found some bodies dead from cholera *at once very warm and perfectly rigid.* The varying time at which rigor mortis sets in after death from cholera is referred to the very opposite states of muscular irritability, which exist at the time of dissolution; and, for the same cause, the force with which it will be exerted, and the period of its duration, will be far from uniform. Rigor mortis, not only in cholera, but in death from other diseases, may be influenced by several circumstances.

1. Muscular persons are most likely to exhibit the phenomena in the most marked and lasting way: while atrophy leads to a less palpable and abiding form of it. Paralysis does not destroy it, unless the nutrition of the muscles be impaired. Fatty degeneration doubtless exercises much influence on it. 2. The remedies given for the disease may influence the rigor mortis. This is exemplified by chloroform, which not only impairs the irritability of the muscles during lifetime, but leads to unusually early rigor mortis. 3. The degree of swiftness with which a man dies, and the circumstance of death happening in the cold stage or not, must be considered with reference to the question of rigor mortis. Rapid dissolution may be supposed to leave the muscles more irritable than they would otherwise have been, had the disease been more protracted.

With respect to the positions in which bodies are sometimes found after death, Mr. Barlow allows that some trifling alteration may be attributed to

[1] Dr. Dowler's observations seem to have been principally made on persons dying of yellow fever.

the effect of rigor mortis, but thinks that we have a much better explanation in the post-mortem muscular contractions which sometimes occur; and moreover observes, that we must remember that the body tends to stiffen in the position in which it was left at the moment of death.

Rigidity of the *involuntary* muscles, after death from cholera, has been observed in the heart, the bladder, and the intestinal canal: but no form of rigor mortis of the involuntary muscles is *peculiar* to cholera. Drs. Baly and Kirkes, in their Supplement to Müller's Physiology, consider that there is sufficient evidence that the involuntary muscles are affected by a post-mortem rigidity, in all essential respects comparable to that which is seated in the voluntary muscles.

In considering the *duration* of rigidity, regard must always be had to temperature.

Mr. Barlow thus contrasts some features of rigor mortis with post-mortem muscular contractions. "Rigor mortis does not ensue till the irritability of the muscle is entirely or almost exhausted; but these movements are signs of irritability, sometimes of a great degree of it, and are, in some cases at least, to be *excited*, whereas nothing can excite this form of rigidity, but its one common cause. Rigor mortis influences both sides of the body equally, producing effects not less symmetrical than the disposition of the muscles themselves, and repeats itself in various subjects, making allowance for occasional differences, with striking sameness; but the contractions are diversified as to form and power, affect different muscles in different subjects, cease and return repeatedly; whereas the contraction of rigor mortis being once over, is never renewed."

Retardation of Putrefaction. This may add to the doubts entertained as to the actual occurrence of death. But, in the case at Bristol, it must be remembered, that the death happened in a *young* subject, was accomplished with *celerity*, and effected by a disease wherein the dead are slow to putrefy. The temperature was not high, and fresh currents of cool air were frequently admitted. With regard to the relation of putrefaction to the temperature of the dead, Mr. Barlow inquires whether though prolonged heat and extremely tardy putrefaction have been observed together, the body has been seen at the same time quick to putrefy and slow to cool?

Aspect of the Countenance. This was placid, like that of one asleep, in the Bristol case. This was certainly unusual; but it must not be supposed, that the countenance is *always* strikingly haggard after death from cholera. Sometimes the face becomes less livid; this is doubtless owing to alterations in the blood of the superficial vessels.

The following are the principal points which have been noticed as to the state of the bodies of persons dead from Cholera.

1. The aspect has been unusually cadaverous, varying much, however, in degree; but the features have been more than once observed in a very different state. 2. The whole body has looked extremely shrunken, the hands have been very shrivelled; and the distinction between the age of corpses has been less easy than in general. 3. The colour has been dusky, often remarkably livid; and has been noticed to become lighter and even to redden; sometimes, however, presenting a mottled appearance. 4. Rigor mortis has presented extreme variety as to the period of its occurrence and its degree, and has been observed in the involuntary muscles. 5. Contractions of the voluntary muscles have been observed, varying considerably in their time of occurrence, progress, appearance, and effect; and have been most marked in males. 6. There seems no doubt that the heat of the body, in some cases, has risen considerably after death. 7. Putrefaction has been more tardy than usual. None of these points, however, can be said to be peculiar to cholera; for the lividity, the change of colour, the varieties of rigor mortis, the lingering temperature, the rise of the same, and the muscular contractions, have all been observed in death from other causes.

PLUG OF FIBRIN IN THE CRANIAL PORTION OF THE RIGHT INTERNAL CAROTID, CAUSING ATROPHY OF THE BRAIN AND SOFTENING OF THE CORPUS STRIATUM OF THE SAME SIDE.

Mr. Brindley has published (*Provin. Med. and Surgical Journal*, 10 July, 1850, p. 383) a case, of which the title prefixed to this notice is a summary. The patient was an old lady, aged 72. Three or four years ago, after some disturbing cause, she had a slight paralytic seizure. Her left arm and leg remained somewhat defective in power; her memory became impaired, as well as her hearing, taste, vision, and power of articulation. She suffered much from vertigo, and staggered in her gait, but was quite able to go about. She died, a few days previous to the report, of diarrhœa.

SURGERY.

FRACTURE OF THE NECK OF THE THIGH BONE: FLATTENING OF THE NATIS DIAGNOSTIC.

Mr. John Lizars states in the *Med. Times* (July 6th, p. 8), that the diagnosis of fracture of the neck of the thigh bone is "very far from being sufficiently understood, either by those holding the responsible situations of operative surgeons in hospitals, or by clinical professors." After this flourish of trumpets, which might properly have been dispensed with, he proceeds to make some clinical remarks which will repay perusal. His aim is to show that, although generally the diagnosis is simple, yet there is often no alteration in the limb for days or even weeks. Mr. Lizars is of opinion that, in all cases of injury of the hip-joint, in individuals upwards of forty years of age, if there be *flattening of the natis*, we ought to look for fracture of the neck of the thigh-bone, and apply Desault's long wooden splint, and retain it for six or eight weeks, if the state of the skin over the sacrum, and the health of the patient, permit.

IRON ROD DRIVEN THROUGH THE HEAD; RECOVERY.

Dr. H. J. Bigelow relates, in the *American Journal of the Medical Sciences* for July 1850, the case of a man, twenty-five years of age, who, on September 13, 1848, had an iron rod driven through his head by the exploding of some gunpowder, while engaged in preparing a rock for blasting. The iron passed from the angle of the lower jaw to the centre of the frontal bone, near the sagittal suture. He was at first rendered insensible, and was slightly convulsed; but soon recovered his consciousness and power of speech. There was considerable hæmorrhage. The daily progress of the case is reported by Dr. Harlow, under whose care the patient was. No remarkable symptom appeared till the 18th September, when he became delirious; and, from the 23rd of that month till the 3rd October, he lay in a semi-comatose state, answering only in monosyllables when spoken to. During this time, also, he had lost the sight of the left eye, and an abscess had formed under the occipito-frontalis muscle. After this, he recovered gradually, with the exception of the effects of a chill, from getting wet in the feet while walking out on 14th November. The symptoms were subdued in a few days; and, on the 18th, he was reported as in a fair way of recovery.

In January 1850, he was seen by Dr. Bigelow. There was ptosis of the left eyelid, and the eye was incapable of being moved outwards or upwards. The situations of the orifices of the wound were occupied by cicatrices.

Dr. Bigelow has performed some experiments on the dried skull, to ascertain precisely what parts must have been injured. He finds that the iron entered beneath the zygoma, removing the orbital portion of the sphenoid, the anterior part of the squamous portion of the temporal bone, and the internal surface of the zygoma and malar bone laterally. In the orbit, the

sphenoid bone, part of the superior maxillary, and a large part of the frontal, are removed, leaving the optic foramen intact. At the base of the skull, the frontal, temporal, and sphenoid bones are cut. In the brain, the central part of the left anterior lobe, and the front of the middle lobe, must have been destroyed, laying open the lateral sinus. The falx and longitudinal sinus must also have been lacerated. The experiments made by Dr. Bigelow are illustrated by plates, representing the position of the rod.

The instrument weighed thirteen pounds and a quarter, was three feet seven inches in length, and was one inch and a quarter in diameter. At the end which entered the head, it tapered off for seven inches, till its diameter was a quarter of an inch at the point.

REMOVAL OF AN IMMENSE CELLULAR TUMOUR OF THE LABIUM.

Mr. E. A. Lloyd, of St. Bartholomew's Hospital, narrates the following case in the *Med. Times* of July 13, p. 29.

Sarah Holland, aged 28, (the offspring of an European father and dark mother), was admitted into St. Bartholomew's on the 24th January, 1850. She stated, that the tumour commenced fourteen years ago as a small, hard swelling in the right groin, very near the labium externum. It slowly increased for nine years; after that time, it grew much more rapidly, till at last she resolved to come to England to have it removed. During the voyage, she suffered very much from sea-sickness; and by her arrival, the tumour had considerable diminished in size. On admission, she had a pendulous tumour of a pyriform shape, the neck of which extended from the right labium externum to the anterior superior spine of the ilium on the same side, the bulk of the tumour hanging down in front of the thigh. It was about a foot in length, and measured twenty-two inches in circumference at the largest part. It did not impede any function, and the organs of generation were perfectly healthy. The skin which formed the surface of the swelling was of the natural colour, but the sebacious follicles were greatly enlarged. There was no impulse on coughing, nor any symptom to induce the belief that there was any communication between the tumour and the abdominal cavity. She had never suffered pain in the tumour; but, on account of its weight, was obliged to keep it suspended. The tumour was removed on the 22nd Feb. After the administration of chloroform, several double ligatures were passed through the neck of the tumour, about one inch distant from each other; then two strong gutta percha bougies were fastened tightly (one on each side of the neck), by means of these ligatures, after the manner of a quilled suture. The tumour was then removed by cutting through the neck just below the ligatures, and not more than an ounce of blood was lost. In the middle of the wound was found a lymphatic gland, which was removed. A piece of wet lint having been applied to the wound, the patient was taken to bed. There were several attacks of hæmorrhage and erysipelas, which continued for a month, retarding the healing process. The wound, however, is now closed, and the patient is in good health.

Mr. Lloyd applied the quilled suture to the neck of the tumour, to strangle it, and prevent any great loss of blood during the operation. He agrees with others, in considering these tumours to depend upon hypertrophy of the skin and cellular tissue, the interstices of the latter being filled with serum.

OPIUM OR CHLOROFORM IN THE STRANGULATED HERNIA OF INFANTS?

Dr. Joseph Reid, of Southam, details a case (*Lancet*, July 13, p. 50) attended by him along with Mr. H. L. Smith, in which the bold administration of opium averted the necessity of an operation. As the infant's age was only *eleven months*, the exact quantity of opium given ought to have been stated by Dr. Reid, but he only tells us that "a mixture containing a considerable quantity" was ordered. We think that, both in adults and in children, a

more complete relaxation of the parts concerned in a strangulated hernia can be obtained by the inhalation of ether or chloroform than by opium. Children bear chloroform better than opium, which, in full doses, is always exceedingly hazardous to infants under one or two years of age.

EXTENSION OF GONORRHŒAL INFLAMMATION TO THE BLADDER. PUS IN THE URINE.

In a paper in the *Dublin Quarterly Journal of Medical Science* for August 1850, Mr. W. Colles expresses his belief, that gonorrhœa is not, as was supposed by John Hunter, confined to the first two inches of the urethra, but that, commencing at the orifice, the affection may extend along the entire canal, and often attack the lining membrane of the bladder itself: and even sometimes extend to the ureters and kidneys. The testicles might also be easily affected, producing *hernia humoralis*. The extension of the affection to the bladder is proved by the general symptoms, and by the appearance of pus in the urine. These symptoms are most severe in catarrh of the bladder; at other times, they will be very slight. The attack of the bladder may commence with a severe rigor, with slight feverishness or uneasiness towards evening, and with dull, heavy pain across the pubis, extending to the sacrum and anus, and even to the region of the kidneys. The patient has frequent and painful micturition, the pain being referred chiefly to the neck of the bladder, and extending to the perinæum and anus. The urine is sometimes clear, but generally slightly cloudy, and throws down a copious yellowish or cream-coloured deposit of pus, after standing for one or two hours. If a drop of the urine be examined with the microscope immediately after being passed, it will be found loaded with pus-globules. Sometimes, clusters of pus-globules and epithelial scales will be found, in the form of yellowish shreddy particles, floating through the urine. The pus cannot be from the urethra alone, because the canal, probably, resists any retrograde movement, and because it could not furnish the quantity which is observed.

Dr. Fleming has tested the direct passage of the pus from the bladder, by introducing a catheter, allowing the first ounce or so of fluid to escape, and then examining the urine drawn off. He has by this means found pus-globules. In equivocal cases of hæmaturia, the same results, as regards blood-globules, have attended the use of this test.

In the case which first drew the attention of Mr. Colles to this subject, the patient had, a few days after infection, a severe rigor, with considerable pain and irritation of the urinary organs, and a copious deposit of upwards of eight or ten ounces of pus in twenty-four hours. The previous good health of the patient, and the absence of symptoms indicative of a collection of matter, precluded the idea that an abscess could have burst into the bladder. Since that time, Mr. Colles has found pus in the urine, in cases of gonorrhœa, much oftener than he had reason to suspect; sometimes even in two or three days. In two or three cases, also, the urethral discharge has continued, and the urine has been purulent nearly two years.

With regard to the *treatment*, Mr. Colles thinks that, though the injection of strong stimulants, as *abortive* remedies, may at times prevent the extension of the inflammation, yet, if they fail, they aggravate the subsequent stages. When pus has appeared in the urine, the treatment must be antiphlogistic; and when inflammation has subsided, we may employ the balsams, or cubebs; the latter being preferable. If these means fail, it is customary to resort to tonics, astringents, alkalies, acids, preparations of iron, etc. Yet no single remedy appears to possess much control over the secretion of pus from the bladder. Injections, if used, should be applied to the whole diseased surface; not only the urethra, but the bladder itself, should be injected with weak solutions of sulphate of zinc, of nitrate of silver, or even of balsams.

ENCYSTED TUMOUR OF THE LABIUM SUCCESSFULLY TREATED BY SETON.

Mr. E. C. Cottingham details the following case in the *Lancet*, July 6, 1850, p. 16. A widow, aged 32, had an encysted tumour, the size of a large walnut, situated on the right labium, which had existed for some time, and had gradually increased, in spite of the internal and external administration of iodine. Mr. Cottingham recommended excision, but she refused permission, but allowed him to introduce a Seton. He passed a small curved needle, armed with six silk threads, completely through the tumour, when a small quantity of glairy fluid, resembling white of egg, escaped. At the end of three weeks, the Seton was removed, when the cyst was found to be entirely obliterated.

MATERIA MEDICA AND PHARMACY.

THE KOSSO OR BRAYERA ANTHELMINTICA. BY JONATHAN PEREIRA, M.D., F.R.S.

History. Kosso has been in use in Abyssinia, as an anthelmintic, for more than two centuries; for Leutholf (Ludolfi, *Historia Æthiopica*, lib. i, cap. ix, sect. 31, 1681) says, that "N. Godingus praises another tree as being very efficacious against *lumbrici*, which are produced by the use of raw meat. But the Abyssinians purge themselves every month with the fruit of this tree, and thus," he says, "destroys these worms." Now there can be little doubt, I conceive, but that this passage refers to the Kosso. Bruce, in his *Travels to discover the Source of the Nile, from* 1768 *to* 1773 (vol. v, p. 73), published at London in 1790, mentions this medicine, which he calls *cusso*, and proposes to name the tree *Banksia Abyssinica*, after Sir Joseph Banks, the then president of the Royal Society. But the younger Linnæus, in the *Supplementum Plantarum*, published at Brunswick in 1781, had already appropriated the name of *Banksia* to a New Holland genus of proteaceous plants, and he has been followed by all succeeding botanists; so that Bruce's proposed botanical name for the Kosso cannot be adopted. Bruce gave a very good popular account of Kosso, accompanied by what he justly terms "a true and exact" figure of the plant. I have compared his figures with a specimen of the plant collected in Abyssinia by Schimper, and contained in the herbarium of my friend Mr. N. B. Ward, and with the commercial flowers, and find that they are fair representations of the plant.

Bruce states that the Abyssinians evacuate once a month "a large quantity of worms; these are not the tape-worm, or those that trouble children, but they are the sort of worm called ascarides." This statement agrees with that of Godingus just quoted; but it does not accord with the observations of other travellers, who tell us that the worm with which the Abyssinians are troubled, and for which they employ the Kosso, is the tape-worm. The accuracy of this latter statement has been proved by Dr. Hodgkin (*Medical Times*, October 26th, 1844, p. 74) who gave oil of turpentine to an Abyssinian in the service of Dr. Beke, and thereby expelled a Tænia solium—the same kind of tape-worm which prevails in England, and which is understood to prevail at the Cape of Good Hope.

In the *Encyclopédie Méthodique* (*Botanique*, Supplem. t. ii, p. 423, 1811) Lamarck has described the *Cusso d'Abyssinie*, which he named after Dr. C. G. Hagen, a professor at Königsberg, the *Hagenia Abyssinica*. He says the tree was discovered by Brown—but I presume that this a typographical error, and that for "Brown" should be read "Bruce";—for the figures of the plant given by Lamarck (pl. 311) are obviously copied from those of Bruce, though he does not refer to this distinguished traveller as his authority. It is remarkable that Lamarck's proposed generic name (*Hagenia*) has been applied by the late Professor Eschweiler (*Systema Lichenum*, 1824) to a proposed genus of lichens usually included in that of Parmelia; and by Monch (*Methodus*, 1794) to a caryophyllaceous plant now regarded as a species of

Gypsophila. Willdenow *(Species Plantarum)*, and Sprengel *(Syst. Veget.* ii, 220, 1825) have each adopted Lamarck's name *(Hagenia Abyssinica)* for *kosso*.

Dr. Brayer, a French physician, who resided for a considerable time at Constantinople, and who had witnessed the valuable anthelmintic properties of Kosso, and had himself successfully employed this remedy, sent, on his return to Paris, in 1823, some fragments of the male flowers to the late celebrated Prussian botanist, Kunth, who ascertained that the plant which yielded them formed a new genus, near to, but distinct from, that of Agrimonia.[1] To this genus Kunth gave the name of *Brayera*, after the physician who sent him the flowers, and the species he called *B. anthelmintica*. This generic name has been adopted in the systematic works both of De Candolle *(Prodromus*, vol. ii, p. 588) and Endlicher (*Genera Plantarum*, 6395). Kunth does not appear to have been aware either of Bruce's notice of Kosso, or that Lamarck had previously given to this genus the name of *Hagenia*, otherwise, doubtless, he would have referred to them, and have adopted this designation. Dr. Brayer published a little pamphlet *(Notice sur une nouvelle Plante de la Famille des Rosacées*, Paris, 1823, 8 pages) on this medicine, but which I have not been able to get a sight of. According to the information furnished by Dr. Brayer, it appears that Kosso is carried by the caravans to Egypt, and from thence finds its way to Constantinople.[2] The identity of the genera *Hagenia* and *Brayera* was first recognised by Fresenius *(Museum Senkenbergianum*, vol. ii, p. 162, 1837).

In 1839, Buchner *(Repertorium*, 2te Reihe, Bd. xviii, S. 367) gave a notice of three Abyssinian remedies which he had received from Engelmann. One of these was the Kosso, (called *koso*), which was stated to be the flowers of the *Bracera* [Brayera] *anthelmintica*. In 1840, Wittstein (Buchner's *Repertorium*, 2te Reihe, Bd. xxi, p. 24) published an analysis of Kosso, which he calls *Bracera anthelmintica*.

Riecke's *Die neuern Arzneimittel*, published in 1840, contains a notice of the *Brayera anthelmintica* by Dr. Plieninger, who obtained his information respecting it from some missionaries returning from Abyssinia ; and the same notices includes some botanical and pharmacological account of this medicine by Dr. Kurr. In 1841, Dr. Aubert, who had spent some time in Abyssinia, read a *Mémoire sur les Substances Anthelmintiques usitées en Abyssinie*, before the Académie Royal de Médecine, at Paris, and which was published in the Memoirs of the Academy for that year. His account of the anthelmintic virtues of the Kosso confirms the statements of preceding writers. A very interesting Report on his memoir was drawn up by Mérat, and published in the *Bulletin de l'Académie Royale de Médecine*, tom. vi, p. 492, 1840-41. M. Rochet d'Hericourt, in his *Second Voyage sur les deux Rives de la Mer Rouge dans le Pays des Adels et le Royaume de Choa*, published at Paris in 1846, gives a very brief notice of the Kosso, with a lithograph of the flowers and leaves. This traveller is the present holder of the entire European stock (about 1400lbs.) of Kosso. Drs. R. Quartin-Dillon and A. Petit, the naturalists of the French expedition to Abyssinia in the years 1838-43, collected the Kosso ; of which a botanical description has been published by A. Richards, in the *Tentamen Florœ Abyssinicœ*, which forms the fourth volume of the *Voyage en Abyssinie*, edited by M. Th. Lefebvre. The forty-eighth

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[1] In the first volume, p. 470, of the *Mémoires de l'Academie Royale de Médecine*, it is erroneously stated that Kosso is the *Agrimonia orientalis* of Tournefort, who saw it in Abyssinia. Now, in the first place, Tournefort never was in Abyssinia ; and secondly, the *A. orientalis* (*A. repens*, Linn.) is a creeping herb, whereas the *Kosso* is a large tree !

[2] In the *Journ. de Pharmacie*, t. ix, p. 160, 1823, is an *Extrait du Bulletin de la Société Philomathique*, 1822, containing a notice of Dr. Brayer's observations respecting *Kosso*, and of Kunth's determination of the plant.

plate of the "Botanique" of this "Voyage" contains an excellent figure of the plant, with dissections of the flower.

Native Names. My friend Dr. Beke, the well-known Abyssinian traveller, has given the following note respecting the native names for this remedy :— "The tree, of the flowers of which you have a sample, is called in the Amharic language *kosso*,[1] and in that of Tigre, *hhàbbe*.[2] In the Gafat language it is styled *kossish*, and in the Gonga, *kosbo*[3]; in the Agau of Waag, *sika*; in that of Agau-mider, *shinei*; and in Falasha, *sakikana*; while in Galla, its name is *bêti*. In the countries further to the south, it has other names,[4] which, however, I have not collected in my vocabularies of the languages of those countries. But it is best known in Abyssinia and Europe by its Amharic designation, *kosso*." Dr. Beke further observes, that "the tape-worm, for which the Kosso flowers are a remedy, is known in the languages of Amhara and Tigre by the same names respectively as the medicine itself, viz., *kosso* and *hhàbbe*. So, too, in the Gafat and Ginga, in which respectively both are called *kóssish* and *kósbo*. In the Waag-Agau, likewise, the name *sika* is the name for both; but in the dialect of Agau-mider, the worm is called *turo*, and, in the Falasha, *saka*; whilst in the Galla, it is *minui*."

Botany. The first accurate botanical description of the flowers of Kosso was given by Kunth, whose account has been adopted in De Candolle's *Prodromus*. Kunth, however, was acquainted with the male flowers only. The most recent systematic notice of the genus Brayera is that of Endlicher, which I shall adopt.

Brayera Kunth. Brayera Kunth in *Brayer Notice*, in 8vo, 1824, Paris; *Dict. Class. Hist. Nat.* vol. ii, p. 501, cum icone. DC. *Prodr.* ii, 588. Meisner *Gen.* 103 (73). Fresenius in *Mus. Senkerb.* ii, 162; Endlicher, *Gen. Plant.*, p. 1248, 6395; Hagenia Lamarck *Encycl. Méth. Bot.*, Suppl. t. ii, p. 423; Willdenow, *Sp. Pl.* ii, 331. Cusso, Bankesia, Bruce's *Travels*, vol. v, p. 73.

Calyx, with the tube bitracteolate at the base, turbinate; throat constricted internally by a membraneous ring; limb, 10-partite; the segments in two series, the five outer ones much larger, oblong-lanceolate, obtuse, reticulate-veined, stellately patent, the five inner ones alternate, smaller, spathulate. *Petals* 5, inserted in the throat of the calyx, small, linear. *Stamens* from fifteen to twenty, inserted along with the petals. *Filaments* free, unequal in length. *Anthers* bilocular, dehiscing longitudinally. *Carpella* two, placed at the bottom of the calyx, free, unilocular, containing one or two pendulous ovules. *Styles* terminal, exserted from the throat of the calyx, thickened upwards. *Stigmas* subpeltate-dilated, crenato-oblong.

Nat. Ord Rosaceæ Jussieu. De Candolle places it in tribe v, *Dryadeæ*. Endlicher, in his suborder, *Spiræaceæ*.

Brayera Anthelmintica, Kunth, l. c. DC. l. c.; A. Richard, Tentamen Floræ Abyssinicæ; *Hagenia Abyssinica*, Lamarck, l. c.; *Cusso, Bankesia Abyssinica*, Bruce, l. c.

The only species.

An Abyssinian tree, twenty feet high. Branches round, rusty, tomentose-villose, marked by the annular cicatrices of the fallen leaves. Leaves crowded, alternate, interruptedly imparipinnate and sheathing at the base. Leaflets oblong, or elliptical lanceolate, acute, serrate, villose at the margin and on the nerves of the under surface. Stipules adnate to the petiole, which is dilated at the base and amplexicaul. Flowers dicœcious, small, greenish, and

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[1] This word is variously spelt by different writers, *cusso, cosso, cousso, coso, koso*, and *kosso*. Dr. Aubert says it should be pronounced (in French) *cousso*. J. P.

[2] According to Dr. Plieninger, who obtained his information from the Abyssinian missionaries, the Tigre name is *hepah*. Wittstein writes it *habi*. J. P.

[3] Written *cobso* by some persons. J. P.

[4] Dr. Brayer gives *cotz* or *cabotz*, as vernacular names: according to Dr. Aubert (*Bullet. de l'Acad. Royale*), these names are erroneous.

becoming purple; repeatedly dichotomous; the pedicels with an ovate bract at the base.

The so-called male flowers may be regarded as hermaphrodite flowers, inasmuch as the carpels are well developed. The female flowers are somewhat different in their structure. The outer segments of the calyx are much more developed than in the male flowers, and are four or five times larger than those of the inner row, and are placed somewhat below them; the petals are entirely wanting; the stamina are rudimentary and sterile. The ripe fruits are unknown.

The tree grows in Tigre, Agame, and Shoa; it is cultivated everywhere.

Dr. Beke writes, that the tree is "found throughout the entire table-land of North-eastern Abyssinia, but appears to require an elevation of upwards of six thousand (perhaps of seven thousand) feet for its growth. Where I found it most luxuriant, was in the vicinity of the source of the river Abai (Bruce's Nile), at an elevation of close upon nine thousand feet. Tigre, the northern portion of Abyssinia, being, on the whole, of lower elevation than the rest of that country, the tree is only found there in a few places."

Bruce describes the flowers as being of a greenish colour, tinged with purple; and, when fully blown, of a deep red or purple. The petals, he says, are white.

Preparation. Mr. Johnston states, that the Kosso is gathered, for medicinal purposes, before the seeds are quite ripe, whilst still a number of florets remain unchanged. The bunches are suspended in the sun to dry; and, if not required for immediate use, are deposited in a jar.

Pharmacography. I have seen only one package of Kosso (*flores brayeræ anthelminticæ*). This was kindly opened in my presence by M. Simond, of the firm of Caylits, Simond, and Co., the agents of M. Rochet d'Hericourt. It was a deal box, containing about thirty pounds of the dried flowers, wrapped up in a large skin of red leather. On removing the lid of the box, and untying the leather package, the fragrant or balsamic odour of the dried flowers was very powerful. It appeared to me to be somewhat similar to the combined odours of tea, hops, and senna-leaves. The flowers had apparently undergone no preparation beyond that of desiccation. The bunches of flowers were perfect and unbroken, though of course compressed. The general colour of the dried mass was greenish-yellow; but when the flowers were more closely examined, the edges of the petals were seen to have a reddish or purplish colour. The taste of the dried flowers is at first not very marked; but after a few minutes a feeble, senna-like, acrid, unpleasant taste becomes perceptible. By soaking the dried flowers in water, they may be unfolded sufficiently to determine their botanical characters, which have been already described. When submitted to microscopic examination, the hairs are perceived to be simple lymphatic hairs, tapering at the distal extremity.

In Abyssinia, two sorts of Kosso are distinguished, viz.: 1st, the *red* Kosso produced by the female flowers; 2ndly, the male flowers, known as Kosso-esels. In commerce, the two sorts are always mixed together.

Adulteration. Considering the enormous price (about £1 15s. per ounce) at which Kosso has hitherto been sold in Paris, and the very limited quantity originally supplied by M. Rochet d'Hericourt, it cannot be surprising that the article should be extensively adulterated. Indeed, I have been assured, on credible authority, that the powder now selling as "Kousso" is, in fact, the powder of pomegranate bark; and that legal proceedings have been commenced in Paris to put a stop to the fraud, which is well calculated to injure the reputation of the genuine Abyssinian remedy. I have no doubt but that the microscope would readily detect the substitution; but the surest way of obtaining the genuine article, is to purchase the dried flowers in the entire state, not in the form of powder.

Chemistry. The flowers of the Brayera (*i. e.* Kosso) have been analysed

by Wittstein (*ante cit.*) and by Martin (*Journ. de Chimie Med.*, t. vi, 2nde sér., p. 579, 1840). The following are the results obtained:

Wittstein's Analysis.

Fatty Oil } Chlorophylle }	1·44	Tannin striking a blue colour with iron	15·46
Wax	2·02	Vegetable fibre	40·47
Bitter acrid resin	6·25	Ashes	15·71
Tasteless resin	0·77		
Sugar	1·08		99·86
Gum	7·22	Loss	00·14
Tannin striking a green colour with iron	8·94		100·00

Martin's Analysis.

Starch	Green very odorous resin
Saccharine matter	Crystalline substance, called *kwoseine.*
Vegetable extractive matter	

The *ashes* consist of potash, magnesia, lime, oxide of iron, sulphuric and phosphoric acids, chlorine, and silica.

With regard to the two kinds of *tannin*, Wittstein observes, that, as far as he knows, this is the first instance recorded of a plant containing simultaneously two kinds of tannin,—striking, the one a blue, the other a green colour, with the salts of iron. Although it is not improbable that the anthelmintic property of Kosso may, in part, depend on tannin (since the pomegranate bark, which contains this principle in abundance, is, like Kosso, also an anthelmintic), yet what may be termed the peculiar property of the Kosso, probably resides chiefly in the bitter acrid resin. This is soluble in alcohol and in ether, and appears to be a neutral body, manifesting neither distinct alkaline nor acid properties. The crystalline principle, to which Martin has given the barbarous name of *Kwoséine* (from *Kwoso*, the supposed name for Kosso), is described as consisting of white silky crystals, having a styptic taste, and as being soluble in alcohol and sulphuric ether. They are said to redden litmus paper, and to dissolve, without undergoing decomposition, in sulphuric, nitric, and muriatic acids. By boiling the dried plant in water, a fragrant odour is evolved. No doubt this, as well as the odour of the dried plant itself, depends on the presence of a *volatile oil*, of which, however, no mention is made in Wittstein's analysis, the oil being present in too small a quantity to admit of its collection when small quantities of the flowers are operated on. It is not improbable that the anthelmintic properties may, in part, depend on this oil; for Schimper states, that in Abyssinia the plant is considered to have lost its anthelmintic powers in the third year after its collection. In Europe, however, it retains its powers for a longer period (on account of the cooler climate?); for the flowers which have been used for all the recent experiments have been collected more than four years; and we are told, in the shop-bill of a Parisian *pharmacien*, that they may be kept for an indefinite period!

An infusion or decoction of Kosso strikes a dark green olive tint with a solution of the sesquichloride of iron.

Medicinal Properties. Neither botanical characters, sensible qualities, nor chemical composition, would have induced us to suspect that Kosso possesses the valuable anthelmintic properties which experience has shown that it does. The general and prevailing quality of the Rosaceæ is astringency, dependent on the presence of tannic and gallic acids. This is observed in the flowers (*e. g.*, rose petals), as well as in other parts of the plants. In this quality, Kosso agrees with its congeners. But it can scarcely be on this that its vermifuge property solely depends; otherwise rose petals, or any other equally powerful astringent, would be as effective in expelling worms as these Abyssinian flowers. But in Rosaceæ, as in many other families of

the vegetable kingdom, anomalies exist; and to this head we must, for the present, be content to refer Kosso. Our confidence in the anthelmintic properties of Kosso rests, then, on experience only; and the evidence on this point is very strong. All modern travellers in Abyssinia are agreed on the great success of the remedy on the natives of that country; and the experience of physicians in France, England, Germany, and Switzerland, confirms the favourable reports made by those who have seen the Kosso used in its native country. In Paris, it has been employed with great success by Chomel and Sandras (*Ann. de Thérap. pour* 1847), as well as by numerous other distinguished physicians. In London, our experience of it is much more limited; but the successful results of its use in King's College Hospital, in the hands of Drs. Budd and Todd (*Lancet*, March 16th, April 20th, and May 25th, 1850), and of Dr. Gull (*Lancet*, May 25th), in Guy's Hospital, confirm the favourable reports of its efficacy, which had reached this country from abroad.

The physiological effects of *Kosso* are not in general very great. Sometimes it excites a slight sensation of heat, nausea, or even vomiting, creates thirst, and frequently, perhaps usually, a gentle action on the bowels. But the latter is commonly so slight, that in a considerable number of cases, it is necessary to follow its administration by a mild purgative. It is obvious, therefore, that the efficacy of Kosso as an anthelmintic does not depend on purgative or evacuant influence, but on its poisonous or toxic action on the worm; in fact, it is a true *vermicide*. In one case, that of a woman in France, it brought away ten worms, of which one only manifested evidences of vitality, and that for a few minutes only.

Kosso appears to be an effective anthelmintic in both kinds of tape-worm, viz., the *Tænia solium*, and *Bothriocephalus latus*. In most of the reported successful cases, the *Tænia solium* was the parasite expelled; but in one of Chomel's cases, the worm which was evacuated was the *Bothriocephalus latus*, and I am informed, that Kosso has proved most effectual in Switzerland, where, as is well known, the *Bothriocephalus* is the prevailing tape-worm.

The dealers in Kosso assert that one dose will, in every case, effect the radical cure of tape-worm. But this must be obviously an error. Even supposing that it invariably destroys all the worms in the alimentary canal at the time of its exhibition, it can in no way prevent their recurrence, provided the patient retains his predispositions (which there is no reason to suppose are affected by the Kosso), and is subjected to the same influence. It certainly does not radically cure the Abyssinians, since, as several writers tell us, they resort to this remedy monthly. Schimper, the governor of Adoa, says it does not completely expel the tænia, or at least rarely does so. But, he adds, that possibly in Europeans, in whom the verminous disposition is not so pronounced as in the Abyssinians, it may perhaps act in a more complete manner. In the Abyssinians this verminous disposition is innate, and is dependent, he adds, on the regimen which they adopt.

Hitherto, the great drawback to the use of Kosso has been the difficulty of procuring the remedy, and its enormous cost. At the time when it could be purchased in Paris, its price was £1 15*s.* per oz., or 17*s.* 6*d.* per dose. M. Rochet d'Hericourt, the sole holder of the medicine at the present time, refuses to sell any quantity less than his entire stock, at the rate of one guinea per ounce! His nephew tells me that his uncle possesses 1400lbs. of it, which, at one guinea per ounce, will cost 22,400 guineas!!! The impossibility of effecting a sale on such terms will, I doubt not, ultimately compel the holder to reduce his demands to something approaching to reason. It does not appear that the remedy is very costly in Abyssinia. Schimper, writing from Adoa, in Abyssinia, says that it is found in commerce at a very low price. At Yangaro (commonly called Zingaro) the sovereign has the exclusive use of it, his subjects being prohibited from employing it; but in other parts, free trade in Kosso is permitted. Considering the frequency

and rapidity of our communications with Egypt (to which place, according to Dr. Brayer, *Kosso* is conveyed by caravans) no difficulty, I apprehend, will be experienced in obtaining an abundant supply of it. Its present price is a virtual prohibition of its use.

The flavour, though not very strong, is by no means agreeable; and is sufficiently powerful in some patients to create disgust and excite vomiting. In one case, under M. Chomel (*Ann. de Thérap., pour* 1847), the whole of the remedy was rejected by vomiting.

No ill effects have resulted from its use in this country; nor have I met with any statement of its injurious action, except in Mr. Johnston's *Travels in Southern Abyssinia* (vol. ii, p. 272, 1844), where it is stated that its "operation is speedy and effectual; and to judge by the prostration of strength it occasioned in my servants when they employed this medicine, it must be dreadfully severe. I can answer for this, that it occasions frequent miscarriages, often fatal to the mother, and even men have been known, after a large dose, to have died the same day from its consequences. I am, therefore, surprised at the noise this remedy has occasioned the last few years in Europe, as if it promised to be a valuable addition to our Materia Medica. This, I conceive, can never be, for no civilized stomach could bear the bulk of the drug necessary to produce its effects. Even in Abyssinia, it is but barely tolerated; and let another remedy equally efficacious for dislodging tape-worm be introduced into that country, and the use of Cosso will be soon abandoned. In fact, several other vegetable productions are now employed, to escape the punishment of a dose of this violent cathartic."

Administration.—Both Bruce (*op. ante cit.*) and Schimper (Bouchardat, *Annuaire de Thérapeut. pour* 1849, p. 257) tell us that the Abyssinians take a handful of the dried flowers as a dose. In Paris, the dose has varied from four to six drachms. In general, however, half an ounce (Troy weight) is considered a dose for an adult.

For different ages the doses are thus adjusted:

Adults..... 1 dose = 240 grs. (half an ounce)
Children of from 7 to 12 years..... $\frac{2}{3}$ of a dose = 160 grs.
„ „ 3 to 7 „ ..... $\frac{1}{2}$ of a dose = 120 grs.
„ not exceeding 3 „ ..... $\frac{1}{3}$ of a dose = 80 grs.

The Kosso should be taken in the morning fasting. The only preparation necessary is, that the last meal of the previous evening should be slight. The evacuation of the bowels by a mild purgative, or a lavement is also desirable.

The mode of administering the remedy is as follows: The powdered flowers are to be mixed with luke-warm water (for an adult about ten ounces), and allowed to infuse for a quarter of an hour. A little lemon juice is then to be swallowed, and, the infusion being stirred up, the whole is taken, liquid and powder, at two or three draughts, at short intervals, being washed down by cold water and lemon juice. To promote the operation, tea (without sugar or milk) may be taken. In three or four hours, if the remedy has not operated, a dose of castor oil or a saline purgative should be administered. (*Pharmaceutical Journal*, July 1850.)

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY,

Tuesday, March 26, 1850.

Dr. Addison, President, in the Chair.

Case of Suppuration of an Hydatid Cyst of the Liver, in which the Abscess opened through the Lungs; and one in which the Hydatid Cysts were Expectorated. By T. B. Peacock, M.D. The first case was that of a female, aged 20, who was a patient at the Royal Free Hospital with symptoms of bilious remittent fever; and, after partial recovery, was seized with pain in the right side, dyspnœa, and fœtid bilious expectoration. After death, a large cyst, containing a thick, purulent fluid, with a collapsed acephalocyst, was found in connexion with the upper part of the liver. It had perforated the diaphragm. Two other cysts were also found in the liver; one of which had suppurated; the other was deeply tinged with bile. The second case was that of a man, aged 31, a patient at the City Hospital for Diseases of the Chest. He profusely expectorated, yellowish coloured matter, with shreds of membrane, which proved to be portions of hydatid cysts. He had enlargement of the lower part of the right side, and evidences of a cavity there. He continued to expectorate the hydatids for some time; but this gradually diminished under the use of tonics; and for ten weeks he had so far improved as to give hopes of recovery.

Summary of Discussion. Dr. C. J. B. Williams had met with three or four cases of hydatids. The differences which hydatids produce as to symptoms, were remarkable; these being in some cases prominent and intense, while, in others, there is no evidence of the existence of the hydatids until they are discovered after death. He referred to the apparent attempts of nature to circumscribe the adventitious body, as shown by the putty-like matter, resembling softened tubercular matter, found in old cysts. Under the microscrope, we find rhomboidal scales of cholesterine, globules of fat, and traces of the elementary tissues.

In answer to an objection made by Dr. Todd, that the cyst became impregnated with the elements of the bile, he stated that cholesterine was also found in hydatids of the lungs, and in other old deposits in other parts.

Mr. B Cooper related the case of a lady, in whom a swelling had formed on the gluteal region in consequence of a blow. The clear colourless fluid evacuated from it by puncture, was found to contain numerous echinococci.

Dr. Theophilus Thompson believed that hydatid cysts, though they might occasion inconvenient pressure, rarely produced formidable irritation till they ceased to live, or till the contained fluid came into contact with the natural tissues of the body. He believed, with Dr. Todd, that they were, in some cases at least, formed within the biliary ducts; and that, in many instances, they owed their production to mechanical injury. Some articles of diet, especially green food, he thought to be more likely to engender the disorder. Dr. Thompson relates some cases in support of his observation.

Dr. Addison had seen many cases in which hydatids were expectorated from the lungs; and alluded to some cases.

Tuesday, April 9, 1850.

Dr. Addison, President, in the Chair.

Scrofulous Abscess of the Anterior Mediastinum, communicating with both sides of the chest, the trachea, and pericardium, and forming a tumour above the Clavicle, simulating Aneurism of the Innominate Artery, or of the Arch of the Aorta. By D. Maclachlan, M.D. The patient was an old soldier, aged 61, who was admitted into the

Infirmary of Chelsea Hospital with an elastic tumour immediately above the external end of the right clavicle. It produced symptoms of compression of the vessels and nerves in the vicinity, with difficult deglutition and respiration. There was universal dulness on the right side of the chest; yet there were circumstances which rendered the existence of pleuritic effusion doubtful. On puncturing the swelling, some days after admission, sero-purulent curdy matter was discharged; and sero-purulent matter continued to escape, whenever he coughed, until his death. The anterior mediastinum was found enormously thickened; and in the centre of the diseased mass, an almost empty abscess, of the size of a billiard-ball, was found. It communicated with the right side of the chest, with the pericardium, with the tumour in the neck, and with the trachea. The right side of the chest contained several pints of sero-purulent fluid; there was a small quantity in the left side, and the pericardium contained about a pint.

Case of Mollities and Fragilitas Ossium, accompanied with Urine strongly charged with Animal Matter. By William Macintyre, M.D. The patient was a tradesman, aged 47, who suffered severely from pain in the chest, back, and loins. These had ceased, and returned at various times. The urine, when examined by Dr. Macintyre, was found to contain much albumen, and to present some remarkable characters. Treated by heat it gave no indications of albumen till near the boiling point (instead of 160° or 170°). 2. Nitric acid caused no immediate precipitation, but rather rendered the urine, if previously turbid, perfectly clear. It retained its transparency and fluidity for an hour or longer, and then consolidated into a firm yellow mass, which underwent complete solution on being heated, but again formed on cooling. After death, there was found to be softening and fragility of the ribs, sternum, and spine. The viscera, and especially the kidneys, were healthy.

Tuesday, April 28, 1850.

Dr. Addison, President, in the Chair.

Case of very Large Hæmatocele of the Spermatic Cord, fatal after 10 years. By William Bowman, Esq., F.R.C.S.E. Large Hæmatocele of Tunica Vaginalis in an Old Man, terminating Fatally. By T. B. Curling, Esq., F.R.C.S.E. Mr. Bowman's case was that of a farmer, aged 60, in whose right groin a tumour appeared after a fall from a horse. After seven years, the tumour began to increase, so as to form in December 1848, a large mass reaching from the groin to the patella. It was twice tapped, giving exit to blood, mixed, on the second occasion, with putrid fluid and gas. The man died a few days after the second operation. Mr. Curling's patient had suffered for many years, and had undergone no treatment till compelled by inflammation, and retention of urine. Three pints of dark grumous blood were discharged by tapping.

Summary of Discussion. *Pathology* of hæmatocele. Mr. Curling and Dr. Black attributed the hæmorrhage to rupture of diseased arteries. Mr. Bowman considered that the blood was effused from the dilated and varicose spermatic veins; and that, especially in his case, the sudden increase of the tumour, three years before death, was due to the rupture of one of these vessels. Mr. Moore supposed that, although at first the rupture of a vessel from injury might give rise to effusion, yet the subsequent increase of the tumour might arise from hæmorrhagic exudation, favoured by congestion, from the delicate vessels of the false membrane resulting from the deposition of the fibrin of the blood originally effused.

Treatment. Mr. Bowman spoke in favour of early and free incision of the sac, so as to evacuate the blood, when a fair trial had been made of the ordinary milder measures. Mr. Curling thought that many cases could be cured by repeated tappings, except where the blood acted in a foreign body, producing irritation. Mr. Arnott drew a comparison between hæmatocele and

cystic collections of blood in the neck and other parts of the body. When the blood was coagulated, he believed free incision the best treatment; but when it was fluid, he would be inclined to try injection of iodine.

Tuesday, May 14, 1850.

Dr. Addison, President, in the Chair.

Excision of the Os Calcis, in Incurable Disease of that Bone, as a Substitute for Amputation of the Foot. By W. B. Page, Esq. (Communicated by T. B. Curling, Esq.) The patient, whose case was related, was a scrofulous boy, 16 years of age, affected with caries of the os calcis, arising from injury. Several sinuous passages reached to the diseased bone, from an ulcer situated below the inner ankle. Having improved the boy's health by nourishing diet and cod-liver oil, Mr. Page determined to remove the os calcis. This he effected by making an incision from below the ulcer across the sole of the foot to just below the fibula. Having reflected this flap, and divided the attachment of the tendo Achillis, he separated the os calcis from its attachments on each side and to the astragalus. He then separated from the under surface of the bone, a flap, formed by two incisions along the side of the foot from the margin of the first as far as the attachment of the os calcis to the cuboid bone, and divided the attachments of these bones. The astragalus and cuboid bones appeared quite healthy. The patient subsequently suffered from inflammation and erysipelas, but made a satisfactory recovery, and left the hospital in fourteen weeks. In sixteen months, the foot continued sound, and he was able to extend it perfectly when sitting.

Case of Stricture of the Rectum, in which an Artificial Anus was Successfully Established in the Left Lumbar Region. With Remarks. By Croker Pennell, M.B. Lond. (Communicated by B. Phillips, Esq.) The patient was a gentleman aged 50, labouring under stricture of the rectum. From violent and repeated straining at stool, the bowels ulcerated, and the fæces escaped into the urethra and bladder. He had, moreover, a very narrow structure of the urethra. He suffered much from an inflammation and frequent obstruction of the urethra, and also from inflammation and partial suppuration of the testicles. The operation of forming an artificial anus in the left lumbar region was performed by Mr. Pennell, on Nov. 4, 1849; and, in seven weeks, the patient was entirely relieved of his sufferings, and able to walk about with ease.

Tuesday, May 28, 1850.

Dr. Addison, President, in the Chair.

On the Use of the Speculum in the Diagnosis and Treatment of Uterine Diseases. By Robert Lee, M.D., F.R.S. The author commenced by referring to the ancient history of the speculum, and exhibited a representation, in the work of Vulpes, of the speculum magnum matricis, found in Pompeii. He then noticed the use of the speculum in France, in the hands of Recamier and Lisfranc; and referred to its employment in that country and in Germany as an instrument of police, in the examination of prostitutes. The object of the paper was to define its legitimate use and real value. Dr. Lee had derived little or no aid from the Speculum in the diagnosis and treatment of malignant and non-malignant organic diseases, and of displacements of the uterus. He used it in unmarried women, only when there was severe pain in the uterine region; but he frequently employs it in morbid females, in cases of obstinate leucorrhœa. As to the alleged frequency of ulceration of the os and cervix uteri, Dr. Lee made some statistical statements, for the purpose of shewing that the disease was not nearly of such frequent occurrence as had been represented. He had never met with ulceration of the os and cervix in the living body, except of a specific character, especially scrofulous and cancerous; but he had met with a considerable number of cases in which, though absent, it had been affirmed by others to exist, after they had made a careful examination with the speculum.

Summary of Discussion. *Use of the Speculum.* Dr. Ashwell denounced the use of the speculum uteri, as subversive of female safety and delicacy, and as having become almost a professional dishonour. Mr. Acton, Dr. Murphy, Dr. H. Bennett, and Dr. Locock, defended its use, as a valuable instrument, and as being capable of employment without outraging feelings of delicacy. At the same time, they admitted that it was liable to abuse; which, however, was by no means a ground for its total suppression.

Frequency of Uterine Ulceration. Dr. Ashwell stated that post-mortem examinations shewed that ulceration of the os and cervix uteri was much less frequent than is generally supposed; it having been found in only twenty-five cases out of 1000. Mr. Acton, Dr. Murphy, Dr. H. Bennet, Dr. Stewart, and Dr. Locock, considered the statistics of Drs. Lee and Ashwell incorrect, as they had met with the affection much more frequently. The post-mortem examination referred to, had been made on patients taken indiscriminately, in general hospitals; and moreover, the appearances of inflammation might disappear after death.

Use of Escharotics. The objection made by Dr. Lee to the use of escharotics to the os uteri, because granular affections of conjunctiva were produced by caustic, was opposed by Mr. Acton, Dr. Murphy, Dr. H. Bennet, Dr. Stewart, and Dr. Locock. They considered their use indispensable in many cases; but admitted that caution was necessary.

EPIDEMIOLOGICAL SOCIETY.

A very numerous and influential meeting of the friends of this Society was held on Tuesday, the 30th of July, at 8 p.m., in the Hanover Square Rooms. Lord Ashley was in the Chair. Excellent addresses were delivered by the noble Chairman, and other speakers. Dr. Babington stated, that the honour of originating the Society belonged not to him, but to Mr. Tucker of Berners Street.

The following resolutions were unanimously carried:—

1. That a Society be forthwith established for the investigation of Epidemic diseases, to be called "The Epidemiological Society"; and that all gentlemen interested in its objects shall be eligible as Members. [*Moved by* Dr. Babington, *and Seconded by* Dr. Addison.]
2. That the Society shall be governed by a President, Vice-President, Councillors, and other officers. [*Moved by* Dr. Golding Bird, *and Seconded by* Mr. J. Propert.]
3. That Dr. Babington be requested to accept the office of President. [*Moved by* Mr. R. D. Grainger, *and Seconded by* Dr. Sibson.]
4. That the following gentlemen be requested to act as Vice-Presidents:—Dr. Addison, Dr. Bright, Sir B. C. Brodie, Sir William Burnett, Sir C. M. Clarke, The Rev. T. Dale, Mr. R. D. Grainger, Sir Charles Hastings, (Worcester), Dr. Haviland, (Cambridge), Sir James MacGrigor, Mr. J. Nussey, Mr. J. Propert, Dr. Roupell, Dr. Thomas Southwood Smith, Colonel Sykes, and Dr. Thomas Watson. [*Moved by* Mr. Charles Hawkins, *and Seconded by* Mr. William Rogers.]
5. That the following gentlemen do constitute the Council:—Mr. Jacob Bell, Dr. James Bird, Dr Golding Bird, Dr. A. Bryson, R.N., Mr. G. Busk, Dr. W. B. Carpenter, Mr. R. Greenhalgh, Dr. W. W. Gull, Mr. E. Headland, Dr. A. Halsham, Mr. T. Hunt, Dr. W. Jenner, Dr. R. G. Latham, Dr. H. B. Leeson, Dr. J. O. M'William, Mr. J. Marson, Dr. E. A. Parkes, Mr. W. Percivall, Dr. E. C. Seaton, Dr. Francis Sibson, Dr. E. Sieveking, Mr. J. Simon, Dr. J. Snow, and C. R. Walsh, Esq. [*Moved by* Dr. Roupell, *and Seconded by* Mr. C. B. Lord.]

LONDON SOCIETY FOR ESTABLISHING SELF-SUPPORTING DISPENSARIES.

The meeting to which we adverted in our last, p. 808, was held on Monday, the 29th July, at 8 P.M., in the Hanover-square Rooms, MR. BENJAMIN B. CABBELL, M.P., in the Chair. The Chairman having, in a short and forcible address, stated the objects of the Society, called for the Report of the Council.

MR. T. D. HAWKER, the Secretary, then read the Report. It had been pleaded, that Self-Supporting Dispensaries might be injurious to private practice; but this could not arise, as they would only be open to those who, while they were utterly unable to pay the *usual*, or what might be termed the *proper* remuneration for medicine and medical advice, had a wholesome and honourable repugnance to apply as paupers to the relieving officer for an order on the parish doctor. By weekly subscriptions, of about one per cent. on their earnings, the working classes (who would otherwise have to remain neglected, or seek charitable relief in sickness), would at all times, when attacked by indisposition, be entitled to receive medical assistance from a practitioner of their own choice. The Society proposed, that Self-Supporting Dispensaries should be everywhere established, and that all the medical practioners of any district should be allowed to enrol themselves as medical officers of the Self-Supporting Dispensary of that neighbourhood: *the members, at their entrance, having the right of selecting their own medical attendant.* The Report pointed out the mischiefs which flow to society, and the wrong done to the medical profession, by the system which now obtains in the London Hospitals and Dispensaries, two-thirds of the applicants to which are able, and generally not unwilling, to pay something for medicine and attendance, as Dr. Stewart had correctly stated in his pamphlet.

DR. CORMACK (of Putney) had great pleasure in moving—"That the thanks of the meeting are due to the Council for the ability and diligence with which they have discharged their duties; and that their Report now read be received, and entered on the minutes of the Society." He had been a convert to Mr. Smith's principles from his first acquaintance with them; but he confessed that he had till now feared that their practical application was beset on every side with difficulties, so serious as to appear nearly insurmountable. He was inclined to hope, however, that a Society—having for its basis the Report now read—would be an effectual check on all abuses, as well as a rallying point from which to derive advice in all circumstances of doubt. The Society must at once form, and from the commencement of its operations be guided, by a stringent code of ethics; and no Dispensary should be recognized as under the wing of the Society, unless all the officers placed themselves under its jurisdiction. If the Society refused to sanction a Dispensary in any district, till there had been obtained the approbation of a majority of its legally qualified practitioners; and if all qualified practitioners were entitled to participate, on an equal footing, in the medical management, he (Dr. Cormack) did not see how the profession could oppose, or be in any way jealous of Mr. Smith's schemes. It was only upon the distinct understanding that the Self-Supporting Dispensaries, or Provident Dispensaries, as he preferred to call them, were to be open to the whole profession, and to be so conducted as not to injure legitimate practice in poor neighbourhoods, that he (Dr. C.) gave his support to the present movement. He thought that the boon, proposed by Mr. Smith, might be extended to the industrious classes, without injuring even the humblest members of the medical profession.

J. PROPERT, Esq. in seconding the motion, warmly advocated the philanthropic objects of the Society. He had formerly been opposed to these Dispensaries on theoretical grounds, but the evidence afforded by the working of these institutions in various places, and a careful examination of the whole

subject, had now made him their warm advocate and supporter. To the utmost of his ability, he would promote the objects of the Society.

The motion was put from the Chair, and carried unanimously.

The Rev. David Laing, A.M., at the close of an eloquent and convincing speech, proposed the first resolution, to the effect, "that these Dispensaries are well calculated to secure for the working classes adequate medical assistance at a cost within their means, and to promote among them habits of frugality, forethought, and independence."

Dr. Moore (of Saville Row) seconded the resolution. He was a decided enemy to the Dispensary system now prevailing, and he would gladly assist in supplanting it by something better; for it was deeply injurious to the medical profession, and, as he well knew, demoralizing to the common people. He saw in the vigorous carrying out of Mr. Smith's plan, a remedy for most of the existing evils in our medical charities.

H. L. Smith, Esq. (of Southam) having been called on by the Chairman came forward and was received with loud and prolonged cheers. [In place of giving a meagre report of Mr. Smith's admirable address, we refer our readers to p. 368 of this volume, where will be found a paper by Mr. Smith, in which are embodied his leading facts and arguments.] Mr. Smith pointed out how Self-Supporting Dispensaries, if fostered by Government, might be made signally instrumental in the regeneration of Ireland.

Mr. Becke, of Northampton, who had come to town to attend the meeting, bore the strongest testimony to the excellent effects produced in his town by the operations of the Self-Supporting Dispensary. It had been of advantage to the profession; and had greatly improved the condition and the comforts of the labouring classes.

Mr. J. Bacot (of Portugal-street) warmly advocated the objects of the Society. He had enlisted in the cause from a thorough conviction, that it was in every respect worthy of the patronage of all who have at heart the character of the medical profession, and the good of the labouring classes. The independent labourers were the pride and the stay of the nation, and to preserve that class of the community in their independence, was true patriotism. Mr. Smith's plan he regarded as capable of being made a great political engine for the regeneration of the mass of the people.

Mr. Samuel Gregson (Chairman of the Committee of the Self-Supporting Dispensary, Charlotte-street) though not a member of the medical profession, was anxious to say a word in support of the resolution. He had long, and with much sorrow, observed the decline of *self-reliance* among the working classes, especially as regarded a provision for sickness, or adversity, in any form. He was sanguine enough to believe that the Self-Supporting Dispensaries would, if subjected to proper control, go far to redeem the degeneracy to which he had alluded, and which had arisen in a great measure from bad legislation, and mistaken philanthropy.

The Resolution was put from the Chair, and carried unanimously.

The Rev. Wm. Owen (of Islington) proposed "the thanks of the meeting to H. L. Smith, Esq., for his disinterested and untiring exertions in the cause of humanity, especially as evinced in his endeavours to diffuse the benefits of Self-Supporting Dispensaries." Statesmen and warriors were applauded and rewarded when living; and, after their death, monuments were reared to commemorate their deeds: but the benefactors of the human race who have arisen in the medical profession have generally died unrewarded and forgotten. Mr. Smith had, however, fortunately reared for himself many monuments, for his name was already inscribed on the grateful hearts of thousands of his fellow countrymen.

Dr. J. Bompas (of Camberwell) seconded the resolution, which was carried by acclamation.

Mr. H. L. Smith having returned thanks, and a hearty vote of thanks to Mr. Cabbell having been passed, for his conduct in the chair and his kindness in taking it, the meeting separated.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The Eighteenth Anniversary Meeting was held at Hull, on Wednesday the 7th, and Thursday the 8th of August, 1850. The following gentlemen were present.

Barton-on-Humber. W. H. Eddie, Esq.; John Morly, Esq.
Bath. Edward Hodges, M.D.; James Tunstall, M.D.
Beccles, Suffolk. Henry Davey, Esq.
Beverley. R. G. Boulton, Esq.; Thos. Sandwith, M.D.; H. Llewellyn Williams, M.D.; J. Williams, M.D.
Boston. Edward Ingram, Esq.
Brigg. James B. Moxon, Esq.
Cambridge. G. M. Humphrey, Esq.
Canterbury. James Reid, Esq.
Crayke. H. Y. Whitehead, M.D.
Croydon. George Bottomley, Esq.
Dorchester. G. Curme, Esq.
Farnham. William Newnham, Esq.
Great Grimsby. John Bell, Esq.; Thos. Bell, Esq.
Hanwell. J. Conolly, M.D.
Harrogate. G. Kennion, M.D.; Thos. Parry, Esq.
Hastings. James Mackness, M.D.
Hayes, Middlesex. W. Conolly, M.D.
Hedon. H. Cantly, M.D.; W. Kirk, Esq.
Helmsley. John Ness, Esq.
Hessle. F. B. Anderson, Esq.
Hillingdon. A. Stilwell, M.D.
Hull. A. O. Arden, Esq.; R. Atkinson, Esq.; C. Beckett, Esq.; J. P. Bell, M.D.; Dr. Breslin (46th Regt.); F. W. Casson, Esq.; Henry Cooper, M.D.; R. M. Craven, jun., Esq.; Owen Daly, M.D.; J. Dossor, Esq.; H. Gibson, Esq.; John H. Gibson, Esq.; R. Hardy, Esq.; W. B. Hay, Esq.; E. Healey, Esq.; F. R. Horner, M.D.; F. Huntington, Esq.; C. A. Lee, Esq.; J. A. Locking, Esq.; G. Lowther, Esq.; W. J. Lunn, M.D.; John M'Millan, Esq.; G. Millin, Esq.; H. Munroe, Esq.; J. L. Nicholson, Esq.; J. Parkinson, Esq.; W. Quin, Esq.; H. Sandwith, M.D.; R. L. Slight, M.D.; Edw. Wallis, Esq.
Hunslet, near Leeds. R. Pullan, Esq.
Keyingham. George Houlton, Esq.
Kirkella. Thomas Hobson, Esq.
Leeds. R. P. Bell, M.D.; C. Chadwick, M.D.; J. P. Garlick, Esq.; William Hey, Esq.; W. Price, Esq.; S. Standidge Shackles, Esq.
Leicester. J. Barclay, M.D.
London. J. Churchill, Esq.; S. Hare, Esq.; C. A. Newnham, Esq. (Guy's Hospital); F. Sibson, M.D.
Manchester. S. Crompton, Esq.; J. Hatton, Esq.; Edmund Lyon, M.D.
Market Weighton. Matthew Jackson, Esq.; R. Jefferson, Esq.
Much Wenlock. W. P. Brookes, Esq.
Northampton. Archd. Robertson, M.D.
Nottingham. Booth Eddison, Esq.
Ollerton. J. W. Lilly, Esq.
Oswestry. Peploe Cartwright, Esq.
Patrington. Thomas Smith, Esq.
Pocklington. Thomas Hornby, Esq.
Retford. Edward Ballard, M.D.
Rugby. James Paxton, M.D.
Sheffield. Fergusson Branson, M.D.; W. Jackson, Esq.
Skirlaugh. C. Richardson, Esq.
South Cave. Edward Des Forges, Esq.; John Hill, Esq.
Stockport. Richard Flint, Esq.
Sunbury. J. S. Soden, Esq.
Thorne. Tom Guy, M.D.
Thrapston, Northamptonshire. J. G. Leete, Esq.
Timsbury. James Crang, Esq.
Torquay. C. Radclyffe Hall, M.D.
Wetton. Thomas Jackson, Esq.
Worcester. Sir Chas. Hastings, M.D.; J. P. Sheppard, Esq.; J. H. Walshe, Esq.
Yarmouth. C. L. Robertson, M.D.
York. J. W. Metcalfe, Esq.; T. Simpson, Esq.; Caleb Williams, M.D.

The First General Meeting was held in the Lecture Hall of the Hull Literary and Philosophical Society, on Wednesday forenoon, at ten o'clock.

Dr. F. R. Horner, on taking the chair, delivered the following address:—

"Gentlemen,—I give you my best thanks for the honour—the very high honour, you have now conferred upon me. I am acutely sensible, how many and how manifest must be my shortcomings in performing, in an efficient and worthy manner, the duties of my office; especially as those who have preceded me, were ever men who not only occupied the highest ranks in professional standing, but who were, moreover, eminent for their general literary and scientific acquirements. It was to such activity and vast scope of mind that this Association owes its own institution; for, many as were the then

existing societies of learned bodies of men, it was the penetrating mind of Sir Charles Hastings that discovered yet another field, on indigenous or provincial soil, capable of yielding rich store of knowledge; and how fruitful has been that field, the records of medical and surgical science bear ample testimony. Nay, so important have been the results, so vast the benefits, which have accrued from this Association, and which to future ages may accrue to the profession, to medical science, and to the community at large, that justly, I conceive, is our learned founder entitled to exclaim, with the poet of old, *monumentum exegi ære perennius!* I cannot but congratulate you on this noble work of eighteen years, nor forbear expressing a due tribute of respect to one whom even Majesty itself delighteth to honour, and through him, those with whom he is associated.

"In any allusion to those learned presidents who have preceded me in office, and who have, in an especial manner, promoted the great aims and objects of the Association, I cannot but refer, with feelings of the deepest mourning and respect, to one whose career on this earth has closed for ever. It is but four years since the late Mr. Crosse, of Norwich, addressed you from the chair; and all of you will well call to mind his luminous remarks, his energy and zeal for the cause. He then congratulated you that in his own, the Eastern Branch, you had not that year been deprived of one member by death; would—would that it had been reserved for me also again so to speak! But, where now is his own great mind? that clear judgment, that penetrating intellect, that skilful hand, and that warm heart, overflowing with kindliest feeling? Alas! the silver cord is loosed, and the wheel is broken at the cistern. There are other valuable members, of whom we have this year been deprived by death, but I shall not further indulge in such mournful reflections; though surely it is a good and wise thing, sometimes to school the heart by thinking on the virtues of the great and good who have trod the path of life before us. The most sincere tribute to their memory is imitation of their example.

"I need not now speak of what has already been accomplished by the Association; it is with the future that we have now to do. The future standing of this Association before the world, and the amount of benefit that shall accrue from it, depend wholly upon the efforts which you are now prepared, or are willing to make. A great and responsible duty lies before you, not only to uphold the present structure in all its entireness, but to enlarge and to build upon the great foundation which has been laid. To this end, duty to ourselves, to each other, and to all, demands of you the single and the united effort. To this end I could wish that every member should cast at least one mite into our treasury of knowledge. Thus, let the hospital physician and surgeon, by careful record of well-selected cases, add to our knowledge and treatment of disease by practical deduction and suggestion;—let those gifted with the talent for scientific research, make known the result of their enlightened investigation;—let the practical physician and surgeon, of acute observation and reasoning—let those who delight in physiological inquiry—the pathologist, the anatomist—yea, let all the existing talent amongst us be but exercised, and then will the Provincial Medical and Surgical Association, (the ten talents committed to us,) yield to future ages one hundred-fold.

"All honour be to those (and they are not a few) who have so laboured; and who have thus earned for themselves the well-merited honour and esteem of men. But the medical labourer, whose mental toil is devoted to the virtuous and noble purpose of alleviating the burdens of others—the burdens of sickness and suffering—knows yet a higher reward than the applause of men. His is the reward of the still small voice—the approval of his own heart's feelings. Influenced by such feelings, our profession does indeed become the *ars divina*; imitating in its application the precepts and example of Him who healed the sick and the afflicted, and went about doing good; and inasmuch as it is done unto Him, verily the reward is not lost.

"Benevolence is the characteristic of our profession; and that this bright virtue has erected her stronghold in your Association, the existence of its BENEVOLENT FUND is at once alone the warrant and the testimony. I am assured, that it has already a far stronger advocate in your own hearts than it could have in any mere words of mine; yet the best of us sometimes require to be reminded of duty. Bear ye each other's burdens, is the language of Scripture itself; yea, rather it is the *command* of Scripture; for it is not written that you may, or you can, or you should, but the word is imperative—it is commanded, *bear* ye each other's burdens. It will, I believe, be seen by the report which your excellent Honorary Secretary, Mr. Newnham, will read to you, that a somewhat larger amount of support has this year been given to the Benevolent Fund than heretofore. It will also be seen by that report, down how many sweet channels the pure streamlets of benevolence have flowed; how it has now gladdened the heart of the widow, now brought succour to the orphans of our once fellow-labourers, and now given assistance to those of our brethren, who have been overtaken by distress and affliction. Surely, gentlemen, these are delightful things; may they come home to each of us, and strike the sweet chords of charity in every heart.

"On the subject of MEDICAL REFORM, I cannot refrain from expressing my regret, that those judicious and well directed efforts, so perseveringly exerted by the Association, should hitherto have ended in disappointment. Medical Reform seems to have been clogged by its own weight, or rather by the adverse weight of others, not of our body; it appears indeed that it is the *quot homines tot sententiæ*—diversity of opinion—that is the true let and hindrance. But surely it was not to be looked for, that there should be perfect unanimity of sentiment, amongst so large a body of men as that which comprises the medical public. Let us hope, however, and by perseverance in effort endeavour, to obtain the practical consideration, by the minister, of this great question.

"There is one species of reform, however, closely connected with our profession, on which I can offer you the fullest congratulation; it is SANITARY REFORM. It is not too much to say that Sanitary Reform, in the widest acceptation of the term, and in its fullest practical bearing, is by far the most important measure that marks the present era, nor can we place a limit to the present and prospective good which is comprised therein. We should take but a very inadequate view, did we confine its operation simply to the removal of diseases from the dwellings of the poor, or from the path of the rich. It asserts a much wider influence; it compasses also the elevation of the moral and intellectual condition of the poor. Doubtless there is a connexion and dependency between physical and moral purity. Small indeed would be our success, in attempting to implant sentiments of morality or religious or educational knowledge, in the minds of those who are surrounded by an atmosphere of filth, squalor, and neglect. Such scenes tend to lower or degrade the mind, and blunt its sensibilities and feelings; whereas cleanliness leads to order and decency, to industry, and to self-respect; to a state of mind and feeling, in fact, which renders it more fit for the good seed which the sower goes out to sow—for the seeds of morality, of religion, and of knowledge.

"Doubtless it was the Asiatic Cholera, that quickened the progress of sanitary reform. It was there seen, that neglect of the poor was also the endangering of the rich; and that it was better, because it was cheaper, to preserve the poor man in health and life, than to maintain his widowed and orphaned children. Yet I would bear willing testimony, that the higher classes in this town, and, I trust, elsewhere, were ever ready to come forward with pecuniary aid to succour those smitten with the disease, or to ward off its attacks from others. Let us hope that the sanitary regulations commanded by Parliament, may be efficient in staying or modifying its future approach. And let us further hope, if I may venture the remark, that, in any reappearance of the disease, medical men will rather seek to investigate, and to treat, the dis-

case on something like rational principles, than to place, without thought or care, all their reliance, and that in every case, on the vaunted though mistaken efficacy of one single mineral.

"The Asiatic Cholera may justly, I conceive, be looked upon as a most merciful dispensation to this country, though, by reason of our blindness and ignorance, we are unable to perceive the dealings of Providence. How apt are the words of the poet:

> "All nature is but art unknown to thee,
> All chance, direction which thou can'st not see;
> All discord, harmony not understood,
> All partial evil, universal good;
> In spite of pride, in erring reason's spite,
> One truth is clear,—whatever is, is right."

"Terrible, indeed, is the lesson by which we have been taught wisdom; by which we have been made to see that we cannot pollute the pure air of heaven, without suffering the effects of pollution and disease; that we cannot mingle the matters of corruption and decay with the pure waters of the earth, without drinking in, and assimilating, the pollutions in our own bodies;—in a word, that we cannot do violence to the laws of nature, without suffering the penalty of broken laws. It is well that a nation should humble itself in fasting and prayer, when the Almighty chides; but it is only by obedience to the laws which He has given us, and by the fulfilment of our duty to the poor, to our fellow men, and to all, that we can expect immunity from His chastisement.

"I shall now conclude by performing towards you the most pleasing duty of my office,—that by, in bidding you, not only in my own name, but in that also of all my medical brethren, both in the town and neighbourhood, a most sincere, a most cordial, and a most hearty welcome to our good town of Hull." (Dr. Horner concluded by calling the attention of the members to the buildings and other objects of interest in Hull and its neighbourhood.)

Sir Charles Hastings. Mr. Caleb Williams moved, and Dr. J. Conolly seconded, the following resolution, which was carried by acclamation.

"That the members of the Association wish, at the commencement of their proceedings on the present occasion, to express to their esteemed President, Sir Charles Hastings, its founder, their cordial congratulations on the honour recently conferred upon him by Her Majesty; and to record the feelings of sincere gratification which it has afforded them, whether regarding it as an honour eminently deserved, or as a most gracious acknowledgement on the part of the Queen, of those accomplishments, exertions, and virtues which best contribute to adorn and dignify the medical profession."

Report of the Council, read by J. P. Sheppard, Esq. [We can only give extracts from this document.]

Financial Statement. The Receipts for the past year, together with £16 2s. 6d., the balance in hand in 1849, amounted to £1632 6s. 8d.; the Expenditure was £1522 8s. 2d., leaving a Balance of £109 18s. 6d. There was every reason to assert, that the Association was never more prosperous in this respect than at present.

Arsenic Committee. The Arsenic Committee have made their Report to the Council, in which they state that, after a laborious investigation, they recommended a Memorial to Sir George Grey, and a petition to both Houses of Parliament, praying that a remedy might be found for the great evils connected with the indiscriminate sale of arsenic. The Committee appointed two of their members, Dr. Hodgkin and Dr. Sibson, to confer with a Committee appointed by the Council of the Pharmaceutical Society; and, after attentive consideration and frequent conferences, resolutions, which will be found at p. 913, were adopted unanimously by the joint Committee, as the basis upon which a legislative enactment should be framed.

After the Council had received this Report, they lost no time in forwarding a memorial to the Secretary of State for the Home Department, and petitions to both Houses of Parliament, in compliance with and embodying the resolutions.

Dr. Robertson moved, and Mr. Soden seconded, the adoption and printing of the Report; which motion, after some discussing on the appointment of Editors to the Journal, was carried unanimously.

Dr. Conolly, of Hanwell, moved, and Mr. Booth Eddison, of Nottingham, seconded, "That the thanks of the meeting be given to the retiring President, Sir Charles Hastings, and that he be appointed a Vice-President of the Association." It was then moved by Dr. Stilwell, and seconded by Dr. Radclyffe Hall, "That the thanks of the meeting be given to the Council of the Association for their services during the past year, and that they be requested to continue the same, with the following additional members: Dr. Cumming, Denbigh; John Lloyd, Esq., Llangefni; Dr. Williams, Wrexham; D. K. Jones, Esq., Llangefni; Dr. J. Roberts, Bangor; Dr. O. Roberts, St. Asaph; P. Williams, Esq., Holywell; Owen Richards, Esq., Bala; T. B. Winter, Esq.. Brighton; Dr. Tunstall, Bath: J. Garstang, Esq., Clitheroe; W. P. Jones, Esq., Holywell; T. Dorrington, Esq., Manchester; G. Southam, Esq., Manchester; W. Bridsall, Esq., Northampton; J. M. Bryan, Esq., Northampton; Dr. C. Bell, Manchester; M. S. Barton, Esq., Market Raisen; Dr. A. Stilwell, Moorcroft House, Middlesex; Dr. Jenks, Brighton." Both these resolutions were carried by acclamation.

The Editorship. After reading a letter from the President and Secretary of the South Eastern Branch of the Association, complaining of the tone of the articles relating to Medical Reform, which had lately appeared in the Journal, Sir Charles Hastings proposed the following resolution, which was seconded by Dr. Robertson, and carried: "That the appointment of Editors made by the Presidents and Vice-Presidents be confirmed; and that a Committee of *five members* of the Association be appointed, to consider whether any and what further improvements can be effected in the publications of the Association; and that the letter from the President and Secretary of the South-Eastern Branch be referred to the Committee." Dr. Robertson, Mr. Soden, Dr. Conolly, Dr. Lyon, and Sir Charles Hastings, were named as the five members of the Committee.

Arsenic Committee. Dr. Tunstall, of Bath, next read the following report of the Committee, appointed last year to consider what means could be adopted with the view to stop the indiscriminate sale of poisons.

"The Committee on the Sale of Poisons, appointed by the Central Council of the Association, have the honour to submit the following report to the Anniversary Meeting. Your Committee, in conjunction with a Committee appointed by the Pharmaceutical Society, to co-operate with them, have agreed to three resolutions as the basis upon which a legislative enactment should be framed.

"1st. That the retail sale of arsenic should be restricted to chemists and druggists and apothecaries.

"2nd. That arsenic should only be sold to male adults or to their written order.

"3rd. That the vendor should enter the sale in a book, with the date and object for which it was required, to which the applicant and a witness, one or other being known to the vendor, should sign their names, unless a written order be brought in a handwriting known to the vendor, which order should be pasted in a book.

"These resolutions formed a portion of your Committee's Report, which is printed at page 183 of the *Journal* of your Association for 1850. A copy of this report was presented by the Central Council to the Right Honourable the Secretary of State for the Home department, in March last, in compliance

with his request, he being at that time unable to receive a deputation on the subject in consequence of his absence from London. Petitions, embodying the three resolutions of the Joint Committee, have been presented to both Houses of Parliament. Your Committee in conjunction with that of the Pharmaceutical Society, have accumulated a mass of facts which strikingly and conclusively show the great necessity of an enactment to put a stop to a system of secret poisoning, which, from the reports of the present assizes, appears to be unabated. Your Committee have the satisfaction of knowing, that the government has already in preparation, a bill for the wholesome regulation of the sale of poisons, and hope that another session will not pass without the adoption of an effectual law upon the subject. In conclusion, your Committee would urge upon the members of the Association the great importance of again petitioning the Legislature, and of individually impressing the great importance of the subject upon the several members of Parliament with whom they may possess any personal influence. Charles Hastings, M.D., President; John Hele Fuge, F.R.C.S.; Thomas Hodgkin, M.D., F.R.S.; Jonathan Toogood, M.D.; Francis Sibson, M.D., F.R.S.; James Tunstall, M.D."

Dr. Tunstall then moved "That a petition against the indiscrimate sale of poison be presented to both Houses of Parliament, similar to that presented in March last, and that the Branches of the Association be recommended to adopt similar petitions." The motion was seconded by Dr. Sibson, and adopted.

Dr. Robertson proposed, and Mr. Flint seconded, "That the thanks of the Association be given to the Arsenic Committee, and that they be requested to continue their labours until a satisfactory legislative enactment be obtained." A vote of thanks was carried by acclamation.

Second General Meeting.

The Association re-assembled in the same place at 2 p.m., Dr. Horner in the Chair.

Benevolent Fund. Mr. Newnham read the Report. Dr. W. Conolly moved, and Mr. Hey, of Leeds, seconded, the following resolution, which was carried unanimously: "That the report now read be approved, and that the thanks of the Association are eminently due, and are hereby given, to Mr. Newnham, for his great and important exertions in increasing the funds, and that he be requested to continue his valuable services as Honorary Secretary." Dr. Conolly called the attention of the meeting to the intended removal of the Committee of the Benevolent Fund to London. The following gentlemen were proposed as the Committee for the ensuing year, with power to add to their number: John Bacot, Esq.; Dr. Bernard; Dr. G. Burrows; Dr. Cannon; John Churchill, Esq.; Sir James Clark, Bart.; Dr. William Conolly; Dr. John Conolly; T. C. Cook, Esq.; Thomas Copeland, Esq.; Dr. Forbes; Thomas Hudlett, Esq.; Thomas Hunt, Esq.; John Ince, Esq.; Dr. Lear; Frederick Salmon, Esq.; John Soden, Esq.; Jos. Toynbee, Esq.; Dr. Charles West; Dr. Charles J. B. Williams.

Report on Cholera. Mr. Sheppard, the Secretary of the Association, read the report of the Committee appointed last year, as to the nature, history, treatment, and prevention of Asiatic cholera, which had been prepared by Dr. Williams. It was then moved by Dr. Sibson,—

"That the thanks of this meeting be given to Mr. Hunt, of Bedford Square, London, for having made such strenuous exertions to obtain information from the members of the Association relative to the spread of the late epidemic cholera in this country; and also to Dr. Williams, of Worcester, for having made the abstract from the replies, which has been read at this Anniversary; and that the same be published in the ensuing volume of *Transactions* of the Association." Mr. Walsh, of Worcester, seconded this motion, which was carried unanimously.

Dr. Charles Radclyffe Hall then read a paper on the "Action of the Muscular Coat on the Bronchial Tubes." The thanks of the Association were, on the motion of Dr. Pearson Bell, of Hull, seconded by Mr. Booth Eddison, accorded to the author. The meeting then adjourned.

Third General Meeting.

Mr. Newnham, of Farnham, read a paper by Chas. Mayo, Esq., of Winchester, on a "Case of Malformed and Imperforate Vagina."

Address in Medicine. Dr. Henry Cooper, of Hull, read the Annual Address in Medicine. The subject was "Secondary and Associated Diseases."

Place of Meeting for 1851. It was determined that the meeting of the Association for 1851 be held at Brighton, a numerously-signed invitation having been received from that place.

Military Honours to Medical Officers. Mr. W. Penny Brookes moved the adoption of a memorial to Her Majesty's Government, advocating the claims of medical officers in the public services to military honours. The proposition was seconded by Mr. Soden, and adopted.

Address in Medicine, 1851. Mr. Newnham moved, and Mr. Bottomley seconded, "That, Dr. King, of Brighton, deliver the Address in Medicine at the annual meeting in 1851."

Medical Topography. Dr. Lyon, of Manchester, drew the attention of the Association to the long suspension that had taken place in the preparation of papers on the "Medical Topography of the Country"; and proposed, "that next year, in the district to be visited by the Association, a request be made that the subject be revived, either by adding to the papers already published in the Society's *Transactions*, or *viva voce*, or by some voluntary way, such as may meet the convenience of the party or parties on whom the performance may devolve." Dr. Sibson seconded the motion.

Dr. Sibson moved, "That Dr. Mackness, of Hastings, do prepare a paper on the Medical Topography of the county of Sussex, for the Anniversary Meeting of 1851." This motion was adopted unanimously.

Dr. Sibson delivered an interesting extemporaneous lecture, with illustrations, "On the Configuration of the Body in Health and Disease." It was listened to with great interest, and, at the close, warmly applauded.

Dr. Paxton, of Rugby, read a paper "On the Disintegration of the Blood", with illustrations. On the motion of the President, the thanks of the Association were voted to Dr. Paxton.

Dr. H. Sandwith, of Hull, read a report of a case of Plastic Bronchitis, which had come under his notice. Thanks were voted to Dr. Sandwith.

Both these papers were, by request, handed to the Secretary, to be published in the *Transactions* of the Association.

Mr. C. Beckitt, of Hull, read a paper on Therapeutics. And a paper by F. T. Probert, Esq., M.D., of Bury St. Edmunds, on "Diseases of the Lungs", was read by Dr. Tunstall.

A full account of the proceedings, and of the dinner, is given in the *Provincial Medical and Surgical Journal* for August 21st.

MISCELLANEOUS INTELLIGENCE.

HOUSE OF COMMONS. August 2, 1850. The Deputy-Coroner for Middlesex, and Homœopathy. Lord R. Grosvenor rose, in accordance with a notice given on a former day, to present a petition from the members of the English Homœopathic Association and others, complaining of the conduct of the deputy-coroner for Middlesex, in the case of an inquest upon the body of the late Richard David Pearce. The circumstances of the case to which the petition referred were so notorious, that it would not be necessary for him to detain the house by repeating them; he would therefore confine himself to the complaint of the petitioners. They stated that the hon. member for Finsbury, who was the coroner for Middlesex, had appointed a deputy-coroner in the person of his son, who on the occasion of an inquest on a Mr. D. R. Pearce, evinced so little knowledge of the duties of his office, that under his direction a verdict of manslaughter was found against a brother of the deceased, an accomplished and amiable gentleman, who was in consequence incarcerated in the felon's cell at Newgate for two days.

Mr. Wakley rose to order. The noble lord had said he would not read the petition, but he was now stating the circumstances, and stating them incorrectly. (Hear.)

The Speaker informed the noble lord that he must confine himself strictly to the statements contained in the petition.

Lord R. Grosvenor. The petitioners stated that this Mr. Pearce was committed to Newgate, and there confined for two days, and that when the case came before the grand jury, they ignored the bill, and that Mr. Justice Maule, at the trial, stated his opinion this way: "How any person can say this man has been guilty of manslaughter, I cannot imagine." The petitioners concluded by praying that a law might be passed to prevent coroners from appointing their own deputies, but making the appointment dependent on election by the freeholders of the county, in the same way as coroners. Perhaps he might be allowed to state, that as the petition complained of the conduct of the son of an hon. member of that house (Mr. Wakley), he had thought it his duty, not only to give notice to that hon. gentleman of his intention to present it, but to place it in his hands, in order that he might, if he could, take exception to it.

Upon the motion of Mr. Wyld, the petition was read at length by the clerk at the table.

It was then ordered to lie on the table.

Mr. Wakley expressed a hope that, if he was not exactly in order, he would be permitted, through the kind indulgence of the house, to address them on the subject of this petition. (Loud cries of "Hear, hear," and "Go on".) He would only occupy their attention for a few minutes. The petition contained allegations of a very trumpery character, and he was really surprised that the noble lord (R. Grosvenor), though he was the president of the Homœopathic Association, and ought to have informed the house of that fact, should have presented it. The affair to which it alluded took place last October; Pearce was tried at the end of October. Now, if the deputy-coroner had been guilty of any illegality at the inquest, why had not an attempt been made to quash the inquisition? (Hear, hear.) Surely that house was not the place to complain of it. He contended that the deputy-coroner had been guilty of no illegality upon the occasion, and that not a single person whose name appeared in the petition, would dare to state that he was at the inquest, or that he had heard a syllable of the evidence. That house was considered a better and a cheaper place for advertising the quackery of the Homœopathic Institution than the courts of law. He hoped, however, that hon. members would set their faces against this impudent proceeding. He called it "impudent", for he believed that a more audacious set of quacks

(loud laughter) did not exist, and could not be found on the surface of the globe, than were to be found in the Homœopathic Institution. It consisted partly of noodles and partly of knaves. (Great laughter.) The noodles formed the majority, and the knaves used them as tools; and if they could contrive to get into their hands some amiable noble lord, and stick him up as a president, they advertised their Association over the world, and then, as it often unfortunately happened in such cases, too many dupes were found to become the victims of their abominable designs. (Laughter, and applause.) Now, in this case, they had had the audacity to come to that house, and to make a charge against a public officer, who had simply discharged his duty, and discharged it properly. It was, perhaps, quite right that they should have a dread of coroners (and they had a natural dread of them; and now their object was, not only to advertise their Association by means of this petition at the cheapest possible rate, but to terrify coroners from the faithful discharge of their duties to the public. He knew not how far the house would allow them to succeed in their first object, but he knew that they would not succeed in their second. (Hear, hear.) Having read their petition, he sent for the constable employed in the case, and he desired him to go to the jurymen who sat upon the occasion, and to obtain their statement as to the conduct of the deputy-coroner. He now held in his hand the answer he had received from the jurymen touching the allegations contained in this trumpery document, and with the kind permission of the house he would read the answer of the twelve jurymen to the false allegations of the petitioners.

"We, the undersigned, having been twelve of the jurymen who acted at an inquest held on the 9th day of October last, in the parish of St. Pancras, Middlesex, on the body of the late Richard David Pearce, hereby willingly testify that the deputy-coroner, Henry Membury Wakley, Esq., who presided on that occasion, performed his duty in a most patient, able, and impartial manner; that he more than once stated to us in his summing-up that he did not consider there was evidence to sustain a charge of manslaughter; and afterwards, on attending at our request in the room where we were deliberating on our verdict, to explain a point of law, and to point out the technical form in which our verdict should be framed, on being told by us, when he entered the room, that twelve of us were for a verdict of manslaughter, he several times expressed a very strong opinion that it was much better that such a verdict should not be returned, because there was not sufficient evidence to justify and sustain such a verdict." (Hear, hear.)

This statement was signed by the jurymen, and their addresses were attached to their signatures. He was unacquainted with those gentlemen, and so was his son. They had not been seen by him on this occasion, and no application had been made to them except by the constable, and after the refutation they had given of the allegations of the petitioners it was unnecessary, in fact, it would be an insult to the house, to offer any further remarks on that part of the subject. (Loud cries of hear, hear.) But seeing the right hon. baronet, the Secretary of State for the Home Department, and also the noble lord at the head of the government, in their places, he thought it right to embrace the opportunity thus offered for making them and the house acquainted with the manner in which prosecutions at the Old Bailey were conducted. (Mr. Wakley here described the mode of proceeding at the Old Bailey, and the interference of a person who called himself a solicitor, and his attempt, after the trial, to obtain from the constable and witnesses a subscription as a reward for his labours. The description appeared to excite surprise in the house, and it elicited, on Wednesday last, a very able leading article in the *Times* newspaper.) Mr. Wakley concluded by observing, that this was a disgraceful state of things. (Hear, hear.) He trusted the right hon. the Secretary for the Home Department would take the subject maturely into consideration during the recess; and then, out of this trumpery petition, the community would be the gainers by having a public prosecutor employed. (Hear, hear.)

Lord R. Grosvenor hoped that, after the terms in which the Association of which he was president had been spoken of, he would be indulged for a few minutes while he vindicated that body and himself. (Hear.) He quite admitted that it was very inconvenient, generally speaking, that that house should be made the arena for attacks upon men in the performance of their public duties ; but sometimes it became necessary to bring forward complaints of the kind. He thought the circumstances of the present case were sufficiently grave to warrant his interference. The grand jury had ignored the bill, and the trial took place on the corroner's inquisition. The consequence of that was, that a man who had been suffering from a recent severe attack of cholera, and who was labouring under all the anxiety of mind incicent to his position, was committed to a felon's cell in Newgate, where he had no opportunity of seeing his wife and family, and where he was compelled to sleep on a mat and a horse-cloth. He was kept there for two days, until a judge in chambers could be seen, in order that a change in his condition might be effected. He was eventually removed, with the view of making room for the Mannings in his cell. (Hear, hear.) With regard to the Association which the honourable member for Finsbury had stigmatized as being composed of knaves and dupes, he (Lord R. Grosvenor) could only say that that Association was composed of gentlemen of high attainments, excellent medical education, and extensive practice, and therefore they could afford to pass by such attacks as had now been made upon them. He trusted the house would consider him justified in bringing so serious a case forward. Hear.)

Mr. Roebuck hoped that the house would be protected in future against the presentation of such wholly irregular and improper petitions as these, which, got up to promote personal objects under public pretences, were so managed as to evade the rules of the house by a sidewind. (Hear, hear.) The House of Commons was not a court of appeal from the Old Bailey. (Hear.)

Mr. Hume was glad of the occurrence of anything which directed the attention of the Government and of the house to the expediency of instituting a public prosecutor, an officer, as every day's experience manifested, eminently needed to protect the innocent, and to enforce the prosecution of the guilty. (Hear, hear.) He stated that the power of appointment to the deputy-coronership of Middlesex, was really vested in the lord chancellor.—[*Daily News*, Aug. 3.]

Honours to Medical Practitioners. State honours are rarely conferred on members of our profession ; and, as a general rule, Knighthoods or distinctions, of any kind, have been considered as unmerited, even by the most renowned and the most faithful of the medical officers of the army and navy. A civic knighthood has frequently fallen upon a physician or a surgeon, from his having been accidentally entrusted with the presentation of a congratulatory address to the Crown ; and probably such occurrences fully explain the small estimation in which is held the prefix of Sir, among our brethren. Within the last few weeks, however, the Queen has conferred the honour of Knighthood upon three very eminent and deserving men—Dr. (now Sir) Robert Carswell, Physician to the King of the Belgians, and Dr. (now Sir) Charles Hastings, the founder (and during last year the President) of the Provincial Medical and Surgical Association, and Dr. (now Sir) B. F. Outram, C.B., Retired Inspector of Hospitals and Fleets. We see no propriety in restricting such honours to three individuals ; for, without the slightest disparagement to Sir Robert Carswell, Sir Charles Hastings, and Sir B. Outram, we must say that there are others among us equally deserving of Royal favour. We have heard it hinted, that more than one of our eminent physicians and surgeons have declined the honour of Knighthood ; but for what reason, we know not.

THE ORDER OF THE BATH. The Queen has been pleased to ordain a special statute of the Order of the Bath, for authorizing the admission into the Military Divisions of the Second and Third Classes of that Order, "such officers of the Commissariat and Medical Departments of the Army and Navy, and of the East India Company's army and navy, as by their meritorious services have already, or may hereafter be deemed by Her Majesty to have, deserved that distinction." Her Majesty has accordingly appointed to be ordinary members of the Military Division of the Second Class, or Knights Commanders of the said Order:—

BURNETT, Sir W., Knt., M.D., Director-General of the Medical Department of the Navy.

M'GRIGOR, Sir James, Bart., M.D., Director-General of the Medical Department of the Army.

THOMSON, James, Esq., Inspector-General of Hospitals on the Bengal Establishment of the East India Company's Service.

The Queen has also appointed to be ordinary members of the Military Division of the Third Class, or Companions of the Order, the following gentlemen:—

FRANKLIN, Henry, Esq., Inspector-General of Hospitals.

FRENCH, James, M D., Inspector-General of Hospitals.

GRANT, Sir James Robert, Knt., M.D., Inspector-General of Hospitals.

GUNNING, John, Esq., Inspector-General of Hospitals.

HILLYAR, R. P., Esq., Retired Inspector of Hospitals and Fleets.

HUME, John R., M.D., Inspector-General of Hospitals.

LIDDELL, Sir John, Knt., M.D., Inspector of Hospitals and Fleets.

M'ARTHUR, Duncan, M.D., Retired Physician of the Fleet.

MACLEOD, B.W., M D., Superintending Surgeon on the Bengal Establishment of the East India Company's Service.

MAGRATH, Sir G., Knt., M.D., Retired Inspector of Hospitals and Fleets.

OUTRAM, Benjamin Fonseca, M.D., Retired Inspector of Hospitals and Fleets.

RENNY, Charles, Esq., Superintending Surgeon on the Bengal Establishment of the East India Company's Service.

RICHARDSON, Sir John, Knt., M.D., Inspector of Hospitals and Fleets.

STRAKER, C. D., M.D., Superintending Surgeon to the Bombay Establishment of the East India Company's Service.

WEBB, Sir John, Knt., Director-General of the Medical Department of the Ordnance.

WOOLRICHE, Stephen, Esq., Inspector-General of Hospitals.

WYLIE, John, M.D., Inspector-General of Hospitals on the Madras Establishment of the East India Company's Service.

STUDY OF MENTAL DISEASES AT BETHLEM HOSPITAL. Some years ago, through the exertions of Dr. Webster and other Governors, considerable alterations were made respecting the admission of pupils at this institution; and, from recent reports made by the physicians, it appears that the advantages offered are appreciated. Last year, the school was better attended than during any former period. Lectures have been delivered by Sir A. Morison and Mr. Lawrence, and during the last session, Dr. Monro was engaged in giving a clinical course on the nature, the causes, and the treatment of insanity. We strongly advise medical students to take a course at Bethlem, Hanwell, or other Hospital where clinical lectures are given on insanity.

MEDICAL TEACHING FOR THE MILITARY AND NAVAL SERVICES. In the military hospitals of France,—viz., those of Paris, Lille, Metz, and Strasburgh,—the medical schools have been suppressed, from the present pressure on the treasury of the republic. In Great Britain, on the other hand, SIR GEORGE BALLINGALL and others assisting him, are urging upon Government the propriety of establishing chairs of military medicine and surgery in London and Dublin.

Popular Prejudice against Vaccination. Extraordinary as it may appear, it is still true that great prejudices unfortunately prevail amongst the common people respecting Cow-Pox, and its efficacy as a preventive against Small-Pox. From the last Quarterly Report of the Registrar General, it appears, that, in various parts of England, although variola has been very prevalent and fatal, there exists very great aversion to Vaccination. The extent to which this feeling is carried by the lower orders, will be shewn by the following extracts from the Notes appended to the Report. The facts are both curious and instructive, and well deserve the serious attention of the Legislature.

At Lewisham, in Kent, Small-Pox prevailed to a most unusual degree, and, except in about five instances, all the fatal cases were unprotected. In East Maidstone district, Small-Pox was very prevalent, and proved fatal to eleven persons, eight of whom had not been previously vaccinated. At Acton, in Hampshire, six persons died from Small-Pox, none of whom had been vaccinated more than eight days previous to the attack. At St. Thomas's, East Budleigh, in Devonshire, eleven individuals died from this malady, which had been propagated throughout the district by persons most violently opposed to Vaccination, who had inoculated their own families and those of neighbours, thus exposing others to the influence of the disease. In Walcot district, Bath, fourteen deaths occurred from Small-Pox, twelve of whom had never been vaccinated, and the other two, only a short time before, being infected with the variolous poison. In Bath Eastern district, four deaths occurred, all without previous Vaccination. In this and other localities of Bath, according to the Sub-Registrar, the lower orders are strongly prejudiced against Cow-Pox, many persons refusing to have their children vaccinated. A man was committed to prison for inoculating his own children with Small-Pox. In Wolverhampton, eastern district, twenty-two deaths occurred from Small-Pox, all without previous Vaccination, excepting two cases, in which it was doubtful whether the persons had ever been vaccinated. In Nottingham, St. Ann's district, six deaths occurred from variola, none of the patients having been vaccinated. It is also reported, that in one house, a family of eleven children were ill of Small-Pox at the same time, of whom three died, none had been vaccinated, excepting two infants, and even these had taken the complaint before vaccination, or immediately after. In the Exchange district of the same town, ten persons died from variola, eight of whom had not been vaccinated, as great prejudice prevails amongst the lower orders against Cow-Pox. The report states that a woman, in this locality, who had lost a child by Small-Pox, assured the sub-registrar, "*she would rather lose half a dozen by it, than fly in the face of Providence, by having one vaccinated.*" Other examples might be quoted, but the above references will suffice to show to what extent popular prejudices still prevail in many parts of the country.

Improvement in the College of Surgeons. In our recent articles on Medical Education, we adverted to the laxity of the examiners being such as to make it easy for the illiterate and ignorant to obtain the diploma. We rejoice to learn that within the last two or three weeks a more wholesome stringency has been introduced into the trials of candidates, by which the value of the diploma will be very greatly enhanced. Another important alteration, which we recommended, has also been adopted, viz., allowing candidates for the Fellowship, to go up for their examination in Latin, Greek, French, and Mathematics, "at any period after they have attained the age of eighteen."

Suppression of Quackery. A Society has been formed at Durham, "for the prosecution of unqualified practitioners, and for the suppression of quackery in all its forms, whether in the profession or out of it." The name of the Society is the *Durham County Medical Association*: and Mr. W. Green, Senior Surgeon to the Durham Infirmary, is Chairman.

Veterinary Doctors are, it is well known, in some districts, competitors with country surgeons for human practice. It would appear, that in Scotland, the former have considerable status, and are educated by human doctors. The following paragraph extracted from a Scotch newspaper, is illustrative of this statement. "Mr. Falconar, of Carlowrie, in the absence of Mr. Burn Murdoch, read the report of the committee on the Veterinary College, which was as follows:—"The examinations were conducted as usual by the *élite* of the medical profession in Edinburgh, and a number of veterinarians, among whom Mr. Legrew, the veterinary surgeon of the 13th Light Dragoons, now quartered at Jock's Lodge, should be specified as having given very valuable assistance. The examination lasted three days, and twenty-seven individuals received the diploma of the college. The proficiency of the students was such, as to call forth the approbation of all who were present; and Mr. Gabriel, the secretary of the London College, who attended the examination, expressed himself highly gratified at the correctness and variety of the students' acquirements." There cannot be a doubt that the Edinburgh Veterinary Examination, embracing as it does trials in pharmacy and anatomy, entitles to an honourable diploma.

Public Monument to the Duke of Cambridge. Meetings have been held for the purpose of raising a subscription to erect a monument to the late Duke of Cambridge, and few Royal personages have better claims to such a distinction, if a life spent in meritorious actions is the basis on which such claims should rest. Intellectually, the duke was not remarkable; but he had a fund of good sound common sense, which he brought to bear with great effect on several occasions where discord reigned in united charities. The number of charitable institutions with which he was connected was large, but, unlike many Royal and some noble persons whom we could name, he gave his money like a prince. With him it was not "*vox et prœterea nihil*," but the substantial reality. If he put his name down for £20, he backed it with a note, and took care, moreover, to see that the money was properly expended. His curiosity was great, and his inquiries sometimes difficult to answer; for instance—that into the statistics of the ladies' "Cloak Room" at Kew Gardens! He came out with great force as a chairman at public dinners. We have him now before our mind's eye, with his bald head, and good humoured face flanked with snow-white whiskers, bright blue coat and star, white waistcoat crossed by the blue ribbon of the garter, and tall figure bent with age, standing up, pleading in that odd, loud, unmanageable voice of his, in behalf of some insolvent charity, or asking some millionaire "whether 'twasn't hard enough to get money, and harder still to keep it, hey?" But he is gone, and another bears his name and honours. To the present Duke of Cambridge the nation has been liberal, and we trust that he will follow in his father's footsteps, so far as the poor are concerned. Military glory may be dazzling, but at the close of life, when the "silver cord" is well nigh snapt, he will find more comfort in the retrospect of happiness he may have diffused by his generosity, than in the empty fame of the warrior.

British Association. The Annual Meeting was held last month at Edinburgh, under the Presidency of Sir David Brewster. It was well attended. The next meeting is to be held in 1851, at Ipswich.

APPOINTMENTS.

Briggs, Henry, Esq., appointed Demonstrator of Anatomy in University College, London.

Cadge, William, Esq., appointed Assistant-Surgeon to University College Hospital.

Jones, T. Wharton, Esq., F.R.S., appointed Ophthalmic Surgeon to University College Hospital.

Quain, Richard, Esq., F.R.S., appointed Consulting Ophthalmic Surgeon to University College Hospital.

Ranking, W. H., M.D., elected Physician to the Norfolk and Norwich Hospital.

OBITUARY.

AINGE, James, Esq., Surgeon, at Fareham, Hants, aged 63, on 28th July.

AYLWARD, Henry, Esq., Surgeon, of Chiselhurst, Kent, at the Vicarage, Chesham, Bucks, on 30th May.

BOW, W. F., M.D., formerly of Alnwick, at 7, South Gray-street, Newington, on 2nd June.

CANSTATT, Dr. C., Professor in the Faculty of Medicine at Erlangen, aged 43, recently. He was well known for his contributions to Medical Literature, and was the editor, conjointly with Dr. Eisenmann, of the *Jahresbuch über die Fortschritte der gesammten Medicin in allen Ländern*. The profession is also indebted to him for a work on the Diseases of Old Age.

COGGINS, Isaac, Esq., M.R.C.S., at St. Thomas' Hospital, of pulmonary congestion, aged 21, lately.

CROFT, John C., Esq., Surgeon, late of Hayes, Middlesex, at Ealing, aged 28, lately.

DAVIS, Thomas, Esq., Surgeon, at Hampstead, aged 73, on 25th July.

EDWARDS, R. C., M.D., at 90, Oxford Terrace, Hyde Park, aged 37, on 19th Aug.

GRANT, C. C. Hamilton, Esq., Surgeon, Royal Newfoundland Company, in Cambridge Street, Hyde Park, on 16th August.

GRATTAN, Copeland, Esq., Staff-Surgeon, late 65th Regiment, in Dublin, on 27th May.

GRAY, Dr., of the 44th Regiment, at Malta, of cholera, lately.

KENT, C. W., Esq., formerly Surgeon to the Surrey Dispensary, aged 35, on 27th May.

LARKWORTHY, Dr. at the Presidency, Bombay, of cholera.

M'CABE, James, M.D., at Cheltenham, aged 59, on 5th August.

MILES, John, Esq., Surgeon, of 78, Gracechurch Street, on 30th July.

M'NAB, David, M.D., H.E.I.C., at Auchadeshenaig, Mull, aged 53, on 5th June.

MUDIE, Patrick, M.D., at St. Andrew's, on 11th July.

PATERSON, Henry, Esq., at Dalswinton, Dumfriesshire, aged 39, on 13th July.

PEATIE, William, Esq., Surgeon R.N., at Durham Bank, Bonnyrigs, near Edinburgh, on 10th May.

PHILIPS, B. L., M.D., at Panola County, Mississipi, U.S., on 9th June.

PORTER, W. Ogilvie, M.D., in Portland Square, Bristol, aged 76, on 15th August.

PRITCHARD, John, Esq., Surgeon, of Great Yarmouth, on 19th July.

REECE, Richard, Esq., F.S.A., F.R.C.S., at Cardiff, aged 78, lately.

ROQUES, Dr. Joseph, of Montpellier, formerly Physician to the Empress Maria Louisa, and author of "Medical Phytography", and "History of the Poisonous Mushrooms", at an advanced age, lately.

SNELL, James, Esq., at Kingston, St. Vincent's, West Indies, aged 55, 6th August.

THOMPSON, William, Esq., of Kingston, Herefordshire, at Aberystwith, aged 43, on 30th July.

VEAL, William, Esq., Assistant-Surgeon H.E.I.C.S., at Umballah, East Indies, on 9th April.

WHEATLEY, William, Esq., late Surgeon R.N., aged 45, on 9th August.

WHITCOMBE, William, Esq., Surgeon, at Presteign, Radnorshire, aged 39, lately.

BOOKS RECEIVED.

BUSHNAN on Cholera. London: 1850. MILLER'S Principles of Surgery. Second Edition. Edinburgh: 1850. RAPPORT sur les Traitements Orthopédiques de M. le Dr. Jules Guérin. Paris: 1848.

TO CORRESPONDENTS.

COLICA SCORTORUM. With reference to this alleged disease, and our notice of DR. HASSING'S thesis at p. 756 of our last number, DR. TYLER SMITH remarks:—"The disease is, I suspect, merely the neuralgic inflammation of the tubes and ovaria, *common to prostitutes*,—an affection of the generative, instead of the intestinal canal." The suggestion of Dr. T. Smith is good, and probably correct.

HEALTH OF LONDON. The very interesting and valuable half-yearly Reports of the principal facts connected with the public health and prevailing diseases of the metropolis, will be regularly continued by DR. WEBSTER in this Journal. The next paper will appear in our December number. Dr. Webster's remarks on the six months terminating March 30, 1850, will be found at p. 540 of the current volume.